



HCAC

Linking community, clinicians and
government for a healthy NSW

**REPORT TO THE
NSW MINISTER FOR HEALTH
AND THE
DIRECTOR-GENERAL NSW HEALTH**

**Report No. 3
2007**

Prepared March 2008

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ABBREVIATIONS

AHAC	Area Health Advisory Council
CHAC	The Children's Hospital Advisory Council
AHS	Area Health Service
CEC	Clinical Excellence Commission
COAG	Council of Australian Governments
HAN	Health Advisory Network
HCAC	Health Care Advisory Council
HPT	Health Priority Taskforce
PaCH	Primary and Community Health

INTRODUCTION

This is the third report by the Health Care Advisory Council (HCAC) to the NSW Minister for Health and the Director-General of NSW Health. It covers the period 1 January 2007 to 31 December 2007.

The HCAC was established in early 2005 under s20(4) of the *Health Administration Act* 1982, and began meeting in March 2005. The HCAC provides high-level advice to the NSW Minister for Health and the Director-General of NSW Health as the peak clinical and community advisory group in NSW.

The HCAC is part of the clinical and community participation framework for the NSW health system, which includes eleven Health Priority Taskforces (HPTs), eight Area Health Advisory Councils (AHACs) and the Children's Hospital Advisory Council (CHAC).

The role of the HCAC is to provide advice to the Minister and the Director-General according to the HCAC Terms of Reference (refer to Appendix 1). In 2007, the HCAC was co-chaired by the Right Honourable Ian Sinclair AC, and Professor Judith Whitworth AC. The membership of the HCAC comprises a diverse group of clinicians, consumers, academics, professional and business representatives (refer to Appendix 2).

HPT Co-Chairs are members of the HCAC. A description of the roles of each of the eleven HPTs is listed at Appendix 5.

Chairs of the eight Area Health Advisory Councils and the Children's Hospital Advisory Council are invited to attend meetings of the HCAC. This provides a crucial communication link between local structures for community participation and the State's peak advisory Council.

Relationships between these bodies are maintained through reporting arrangements between the HCAC and the HPTs, AHACs and the Clinical Excellence Commission (CEC).

Ongoing liaison between the HCAC with the HPTs, AHACs and the CEC is important in facilitating the coordination of health service planning and improving NSW Health outcomes.

The Health Advisory Network (HAN), a secure website, provides current information to members and secretariats on membership, meetings and workplans. This ensures that communication across the various bodies is maintained.

The HCAC has worked collaboratively and effectively throughout the year and members appreciated the Minister's attendance and participation.

The participation of the Director-General of NSW Health is also appreciated. During 2007, Ms Robyn Kruk participated as Director-General until 22 February 2007. Mr Robert McGregor participated as Acting Director-General from 26 April 2007 to 24 June 2007. Professor Debora Picone AM was appointed as Director-General on 25 June 2007 and participated throughout the remainder of the year.

REVIEW OF THE HCAC AND HPT

At the HCAC meeting in August 2007, the Director-General, Professor Debora Picone AM announced that, in light of the new alignment of NSW Health work priorities with the State Plan and State Health Plan, a review would be undertaken to assess the effectiveness and operation of the Health Care Advisory Council and the Health Priority Taskforces.

A principal focus of the Review was to align the HCAC with the State Plan and the State Health Plan, looking at the entire structure of engagement, including the Council and Health Priority Taskforces. The Review would also examine the role, operation, membership, communication links, term of appointment and remuneration of the HCAC and HPTs.

The operation of Area Health Advisory Councils was beyond the scope of the Review; however, consideration was given to linkages between the HCAC, HPTs and Area Health Advisory Councils.

A consultation and review process with HCAC members, HPT Co-Chairs and Secretariats, and AHAC Chairs was undertaken over the period from 3 September 2007 to 8 November 2007. The consultation process involved the Director-General and relevant NSW Health Department Branch Directors in face-to-face consultation meetings with stakeholders.

The Director-General provided a verbal update to the Council at the 9 October 2007 meeting on the main issues raised in the review and consultation process.

A draft Recommendations Paper was prepared by the Primary Health and Community Partnerships Branch and provided to the Director-General for consideration in November 2007. The draft paper outlines both general and specific recommendations to streamline the structure and operation of the HCAC and HPTs.

At the 12 December 2007 meeting, the Director-General advised the Council that a number of parallel developments relating to governance structures were progressing. While some of the recommendations of the Review are to be implemented in the new year, others are on-hold, pending the outcome of these other pieces of work.

The Director-General recommended that the current membership of the HCAC be extended for another six months to end June 2008.

ADVICE PROVIDED DURING 2007

Health Care Advisory Council (HCAC) meetings were held on 22 February, 30 April, 13 June, 7 August, 9 October and 12 December 2007. The HCAC 2007 Workplan is located at Appendix 4. The Council discussed and provided advice on the following priority issues during the year:

Meeting date	Issue
All Meetings	Strategic planning initiatives - NSW State Plan, State Health Plan
22 February	Creating better experiences - Improving access to quality and safe health care
30 April	Prevention and early intervention – Population health strategies (oral health, obesity, smoking, risk drinking and illicit drugs) Priorities for the Australian Health Care Agreement
13 June	Aboriginal Health – Strengthen Aboriginal Communities in NSW
7 August	Prevention and Early Intervention – Maternal health NSW Trauma Service Plan (Position Paper)
9 October	Early Pregnancy Services NSW Health Response to Aboriginal Child Sexual Assault
12 December	Primary Health & Continuing Care – Ageing population & chronic diseases

The process for submitting items for HCAC consideration involves the development of a draft paper which is tabled at a HCAC meeting prior to its listing for discussion at the following meeting. Following tabling, the draft paper is also circulated electronically to Health Priority Taskforces (HPTs) for consultation, and feedback is provided to the author HPT or NSW Health Department Branch. A revised paper is then developed and circulated to HCAC members prior to the meeting, at which it is discussed following a presentation to the Council.

PRIORITIES AND MAJOR ITEMS

The Major Item Status Log (overleaf) is a 'live' document, which is continually updated to provide an overview to HCAC members of progress against issues discussed at previous meetings.

Due to its constantly evolving nature the Major Items Status Log is presented here is current as at 13 December 2007, the last iteration before the end of the reporting period.

Table One: HCAC Major Item Status Log (as at 13 December 2007)

Item	Meeting outcomes	Current Status
<p>Strategic Planning Initiatives – State Health Plan, State Plan, Futures Planning</p> <p><i>Presented and discussed at 13 February, 12 April, 5 June, 14 August 2006, 12 October 2006, 4 December 2006, 22 February and 30 April 2007 meetings</i></p>	<ul style="list-style-type: none"> Published versions of the State Health Plan and Futures report were presented to HCAC at 30 April meeting. 	<ul style="list-style-type: none"> Priority Delivery Plans (PDP) are being developed to outline how the State Plan priorities will be achieved. The Priority Delivery Plan for F3- Mental Health was considered by Cabinet In August. Other PDPs for which NSW Health is the lead agency will be considered in September. Data measures to assess performance against the State Plan priorities have been developed and agreed with the Premier’s Delivery Unit. Quarterly reporting to Cabinet is required for each PDP- and the State Plan web site will provide regular updates on performance against State Plan targets. Web links to State Plan web site and State Health Plan now on NSW Health home page. The State Plan web site has been revamped and recent health data and performance commentary has been included. Implementation Plan is being prepared for the State Health Plan AHS Corporate Strategic Plans are aligned with State Plan and the State Health Plan
<p>Service Delivery Models – Primary Health Care</p> <p><i>Major Item at 12 October 2006 meeting</i></p>	<p>The HCAC discussed and provided strategic advice on the following:</p> <ul style="list-style-type: none"> Opportunities for increasing investment in Primary and Community Health (PaCH) care models and how this might best be achieved How to achieve better integration between the PaCH sector and other parts of the health system, particularly the acute hospital sector Workforce issues, specifically how to build capacity and leadership within the PaCH workforce 	<ul style="list-style-type: none"> This paper was tabled at the June meeting. The paper has been reviewed by the HPTs and a revised version was discussed at the October meeting together with a summary of the draft <i>NSW General Practice Strategy</i>. The <i>Integrated Primary and Community Health Policy 2007 – 2012</i> was launched by the former Minister for Health in November 2006, and released as a Policy Directive in December 2006. The Implementation Plan for the above policy is to be released in the near future. The policy’s <i>Priority Area 5: improved workforce capability</i> includes a strategy to address PaCH workforce capacity. The NSW Health Department is currently undertaking a Baseline Review of prevention, early intervention, community health and vulnerable families’ services. The outcomes of the review will assist in identifying options for increasing / better targeting investment in PaCH services. In October 2007, the Department’s Management Board approved a review of Community Health Services and endorsed the terms of

		<p>reference. Building on the Baseline review, the Community Health Review will audit the scope of activity and existing investment in community health services; identify gaps in the provision of community health services in NSW; and propose strategies for enhancing community health service delivery.</p>
<p>Creating better health experiences – improving access to quality and safe health care</p> <p><i>Major item 22 February 2007 meeting</i></p>	<p>Discussion on the item included:</p> <ul style="list-style-type: none"> • There is a need for qualitative research to be the foundation for change. • Customer satisfaction will always be hard to measure as it is multi-factorial. • Alternative methods of communicating information to patients and carers needs to be explored e.g. email. • Information needs to be provided to patients and their carers in a timely matter. • There is a need for staff, patients and carers to be educated about transition of care. • There is a need for consumers who are consulted and surveyed to receive feedback on how their input has been used. • Cultural barriers; ATSI people need to be included and supported in the methodology. • Instruments that are used need to be in plain English that do not use too many words so they are easy to comprehend. • Use and emphasis is on qualitative data; effecting behavioural change. • When a patient leaves the hospital, she/he should not be referred to as being discharged but instead transfer of care. • An information system is needed to track patient journeys. • Building trusting relationships. 	<ul style="list-style-type: none"> • This paper has been provided to HCAC members for comment • The ARCHI website has stories of patient journeys. A login and password was provided to HCAC members and AHAC Chairs to access the ARCHI website. • The ARCHI website address is: http://www.archi.net.au/
<p>Prevention and Early Intervention – Population Health Strategies</p> <p><i>Major item 30 April 2007 Meeting</i></p>	<p>The presentation outlined the targets set in the State Plan in relation to oral health, obesity, smoking, risk drinking and illicit drugs. It was noted that these targets are very challenging, especially with respect to obesity where rates were still accelerating rapidly. A number of areas of concern were highlighted:</p> <ul style="list-style-type: none"> • Obesity levels are still rising generally. • Rates are increasing more rapidly in boys, peaking at year 6 in schools. • Obesity was decreasing in high school age girls. 	<ul style="list-style-type: none"> • In response to the childhood obesity target in the State Plan, an across-government Senior Officers Group (SOG) has been established to oversee the development of an obesity plan/framework. This will be ready for Cabinet in November 2007. • Agencies represented include NSW Health, Education, Community Services, Sport & Recreation, Local Government, Planning, Transport, RTA, Office of Children, Housing, and Premiers & Cabinet.

	<ul style="list-style-type: none"> • There are challenges in addressing obesity within some cultural communities – particularly within middle eastern communities – where obesity was prevalent in both boys and girls. • Lower socio economic factors also need to be considered in tackling the obesity problem. 	<ul style="list-style-type: none"> • Within the Department, there is also a number of projects underway considering the ‘best buys’ for obesity prevention for the health system, and the level of investment required to impact the issue.
<p>Priorities for Australian Health Care Agreement</p> <p>Major item 30 April 2007 Meeting</p>	<p>The matter is being raised at HCAC to seek commentary on the priorities for the next Agreement in our negotiations. State and Territory Health Ministers and the Council for the Australian Federation will continue to develop a joint approach to the negotiations with the Commonwealth.</p> <p>It is hoped that the next AHCA will incorporate a whole of system approach. Performance measurements to be rationalised, especially so that monitoring and performance agreements work for both the federal and state partners. The State is keen to ensure a level playing field between the public and private health sectors in terms of funding. NSW need to maintain pace on this work.</p>	<ul style="list-style-type: none"> • Collaborative planning at senior officer level involving NSW and other states and territories is continuing. Areas being explored include the potential scope of reform and the quantum of funds to be sought. The Federal Minister for Health, Tony Abbott, has indicated that the Commonwealth Government will not be commencing AHCA negotiations prior to the Federal election.
<p>Aboriginal Health – Strengthen Aboriginal communities in NSW</p> <p><i>Major item 13 June 2007 Meeting</i></p>	<p>HCAC members noted the work being progressed by the three agencies to finalise the health specific component of the NSW State Plan (Priority Delivery Plan F5 Part 2 paper – to reduce by 15% over 5 years hospital admissions for Aboriginal people who should not need to come to hospital).</p> <p>HCAC members noted the breadth of the feedback provided by HPT chairs and members, which will be fed into the State Plan processes.</p> <p>HCAC requested progress reports from the Centre for Aboriginal Health for the remainder of 2007, including avoidable hospital admissions and increasing life expectancy.</p>	<ul style="list-style-type: none"> • The target relating to reducing avoidable hospital admissions for Aboriginal people is addressed in Priority F1 not F5. However the strategies to achieve the target are identical to those for F5 Pt2. • DAA is currently coordinating the development of F1 project plans. • The Clinical Services Redesign Program – Chronic Care for Aboriginal People will improve access and referral pathways of Aboriginal patients at risk of chronic disease to reduce hospital admissions.
<p>Prevention and Early Intervention – Maternal Health</p> <p><i>Major item 7 August 2007 Meeting</i></p>	<p>HCAC to endorse the strategies presented in the paper, especially:</p> <ul style="list-style-type: none"> • The development of reorientation of maternity services for low risk women into community- based models of care; • The promotion of continuity of care during pregnancy birth and the postnatal period, especially for vulnerable women; and • The development of universally provided, publicly funded 	<ul style="list-style-type: none"> • HCAC has endorsed the strategies presented in the major item paper (7 August 2007) • A communication strategy is currently in development for the purpose of re-designing the NSW maternity services delivery model (by December 2007) • The provision of continuity of care for vulnerable women is being progressed currently through the statewide expansion of the Aboriginal Maternal and Infant Health Strategy. The project officer

<p>NSW Trauma Service Plan (Position Paper)</p> <p><i>Major item 7 August 2007 Meeting</i></p>	<p>antenatal care for all pregnant women.</p> <p>A new paper regarding a refined range of options for Trauma Service delivery was tabled at the June 2007 meeting, for discussion in August.</p> <p>Discussion included:</p> <ul style="list-style-type: none"> • The preferred option for the configuration of adult major trauma services. • An option for enhancing teaching and research opportunities, which provides sustainability for the workforce. • Enhancing prevention strategies and providing an appropriate continuum of care. • The continuance of the current paediatric trauma network arrangements. • HCAC supported five trauma service networks to provide coverage for all of NSW. There would be six designated Major Trauma Services within these networks, supported by the other levels of trauma care and pre-hospital care. • The model was endorsed as the most viable and achievable option at this time, providing some consolidation of trauma services, without compromising the delivery of other clinical services by overwhelming individual hospitals, which would result from further reductions in the numbers of services. • The model was supported on the proviso that, following implementation, further review would be undertaken and based on the outcome of the review; the system may require further refinement. • Paediatric trauma services will continue to be provided at the three children's hospitals. 	<p>has commenced work and the steering group has been appointed</p> <ul style="list-style-type: none"> • The NSW Trauma System, Services Model for Major Trauma Services, Position Paper, was tabled at the June 2007 meeting. • A Rural Discussion Paper has been circulated and a consultation process with rural Areas and clinicians is in progress. • A Paediatric Discussion Paper has been developed to be circulated to relevant clinicians and groups for commentary. • Work is progressing with the development of the NSW Trauma Services Plan, which will specify the trauma system for the State including the interface between metro, rural and paediatric trauma services. • Included in this work is further detail on the service and resource implications and requirements resulting from changes to the trauma system. • The focus of the service plan is on the delivery of trauma services for patients with moderate to serious injury across the continuum of care from injury prevention to rehabilitation. • The Plan will specify the principles of care and requirements for the provision of trauma services across the State.
<p>Early Pregnancy Services</p> <p><i>Major item 9 October 2007 Meeting</i></p>	<p>The purpose of the paper was to:</p> <ul style="list-style-type: none"> • To inform the HCAC about the review into the incident at Royal North Shore Hospital and management of early pregnancy problems • To inform the HCAC about current practice in relation to early pregnancy problems. <p>The HCAC discussed the</p> <ul style="list-style-type: none"> • Terms of reference of the review of early pregnancy 	<ul style="list-style-type: none"> • Nothing to report at this time¹

¹ To be progressed and reported in 2008

	<p>services which incorporate the collation of current practices across NSW, an examination of models of care and a proposal for best practice in the future.</p> <ul style="list-style-type: none"> • The timeline for the review 	
<p>NSW Health Response to Aboriginal Child Sexual Assault</p> <p><i>Major item 9 October 2007 Meeting</i></p>	<p>The paper was prepared to brief the HCAC on NSW Health responsibilities in the NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011. It outlines what NSW Health is doing to achieve the actions for which it has responsibility and the benefits of these activities for Aboriginal communities.</p> <p>The HCAC was asked to provide advice on:</p> <ul style="list-style-type: none"> • Planned preventative and early intervention strategies for reducing Aboriginal child sexual assault and responding where it has occurred, and • Strategies to promote awareness and commitment to the NSW Health initiatives and to the Interagency Plan within Area Health Services. 	<ul style="list-style-type: none"> • Nothing to report at this time²
<p>Primary Health & Continuing Care – Ageing Population and Chronic Diseases</p> <p><i>Major item 12 December 2007 Meeting</i></p>	<p>Issues for discussion and the HCAC were:</p> <ul style="list-style-type: none"> • How the primary and community health sector is ideally placed to take a lead role in responding to the challenges posed by an ageing population and the increasing prevalence of chronic conditions. • Difficulty for consumers and carers in locating and obtaining services due to weak linkages in primary and community health sector and poor coordination of care within the sector and between different parts of the health system. • Historical under-investment at both levels of government in primary and community health services. • Differences in structure and services at the local level e.g. lengthy waiting lists. <p>The HCAC endorsed:</p> <ul style="list-style-type: none"> • that health services should be delivered in the community whenever appropriate and possible, provided outcomes are 	<ul style="list-style-type: none"> • Nothing to report at this time³

² To be progressed and reported in 2008

³ To be progressed and reported in 2008

	<p>comparable or better than hospital care.</p> <ul style="list-style-type: none">• the development of a standard, high quality information system for primary and community health services as a priority• the development and implementation of strategies to increase investment in the primary and community health sector, with particular emphasis on meeting the health care needs of the ageing population and people with chronic disease.• further analysis of the structural and systemic changes that are required to establish a revitalised, fully integrated primary and community health sector in NSW.• the development and implementation of strategies to build a skilled, resilient primary and community health workforce with the capacity to respond to emerging challenges.	
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CONCLUSION

During 2007 the HCAC advised on many priority areas for NSW Health including quality and safety, early pregnancy services and maternal health, trauma services, prevention and early intervention, Aboriginal health, and ageing and chronic diseases.

The HCAC recognises the importance of the other partners in the clinical and consumer framework and looks forward to strengthening the relationships with those partners in ensuring the provision of relevant, integrated and timely advice.

To facilitate communication between local structures for community participation and the HCAC, regular written reports are supplied by AHACs at each meeting. In addition to these written reports one AHAC Chair is invited to each meeting to discuss the work of their AHAC. This is in recognition of the important operational role AHACs hold in the State's clinician and community participation framework.

During 2007 a Review of the HCAC and HPTs was undertaken. The Review looked at the effectiveness and operation of the HCAC and the HPTs. A number of the recommendations were implemented. Other recommendations are on-hold, pending the outcome of other work around streamlining governance structures.

APPENDICES

Appendix 1	Terms of Reference
Appendix 2	HCAC Membership
Appendix 3	HCAC 2007 Meeting Attendance
Appendix 4	HCAC Program 2007
Appendix 5	Health Priority Taskforces (HPTs)

HCAC Terms of Reference

The NSW Health Care Advisory Council will:

- Provide advice to the Director-General and Minister on NSW health services to achieve highly integrated services that reflect best national and international standards.
- Provide advice to the Director-General and Minister on the development and implementation of the long-term state health plan. Council should ensure the plan reflects a strong partnership between the community, clinicians, Area Health Services and the Department, and an appropriate balance between the provision of care and treatment and the monitoring, protecting and maintaining the health of the community.
- Provide advice to the Director-General and Minister on innovative and effective service delivery models that embrace the whole of a consumer's journey through the health system.
- Provide advice to the Director-General and Minister on clinical governance initiatives required to support sustainable reform and change within the health system.
- Provide advice to the Director-General and Minister on recommendations arising from Health Priority Taskforces to promote a more integrated consideration of health related issues including Information Management and Technology and Workforce considerations.
- Develop a yearly work-plan for approval by the Director-General.
- Provide a regular report to the Director-General and Minister for Health.
- Undertake such other responsibilities as may be requested by the Director-General or Minister for Health.

HCAC Membership List (as at 12 December 2007)

NAME	POSITION
Rt Hon Ian Sinclair, AC	Co-Chair HCAC
Professor Judith Whitworth, AC	Co-Chair HCAC; Director, John Curtin School of Medical Research and Howard Florey Professor of Medical Research, Australian National University (ANU)
Ms Sandra Bailey	Co-Chair, Aboriginal Health HPT
Professor Bruce Barraclough	Chair of the Board, Clinical Excellence Commission
Professor Jim Bishop	Chief Executive Officer, Cancer Institute NSW and Chief Cancer Officer NSW
Ms Kath Brewster	Co-Chair, Chronic, Aged & Community Health HPT President, Council on the Ageing (NSW)
Dr Tony Burrell	Co-Chair, Critical Care HPT Medical Director, NSW Intensive Care Coordination and Monitoring Unit
Ms Barbara Daly	Co-Chair, Critical Care HPT Nurse Manager, Emergency Department, Prince of Wales Hospital
Professor John Dwyer	Chair, Australian Health Care Reform Alliance
Professor Malcolm Fisher	Area Director, Critical Care, Royal North Shore Hospital
Ms Irene Hancock	Co-Chair, Children and Young People's HPT
Dr William Hunter	Co-Chair, Rural Health HPT Retired Surgeon
Professor Judy Lumby	Emeritus Professor, University of Technology (UTS); Honorary Professor University of Sydney; Adjunct Professor, University of Western Sydney (UWS)
Ms Wendy McCarthy	Co-Chair, Sustainable Access HPT
Professor Brian McCaughan	Co-Chair, Sustainable Access HPT Cardiothoracic Surgeon, Royal Prince Alfred Hospital
Professor Philip Mitchell	Co-Chair, Mental Health HPT Head of School of Psychiatry, Black Dog Institute, Prince of Wales Hospital
Dr Diane O'Halloran	Inaugural Chair, NSW Ministerial Advisory Council on General Practice, Chair RACGP (NSW Faculty), General Practitioner
Professor Ron Penny	Co-Chair, Chronic, Aged & Community Health HPT Senior Clinical Advisor, NSW Health
Vacant	Chief Executive Officer, Metropolitan
Ms Liz Rummery	Co-Chair, Rural Health HPT Deputy Chancellor of the Southern Cross University
Ms Laraine Toms	Co-Chair, Mental Health HPT President Carers NSW

NAME	POSITION
Dr Roger Traill	Co-Chair, Information Communication & Technology HPT Co-Director, Department of Anaesthetics, Royal Prince Alfred Hospital
Professor Graham Vimpani	Co-Chair, Children's Health HPT Clinical Chair, Kaleidoscope, Hunter Children's Health Network
Mr Richard Walsh	Advisor, Techne-Ventures P/L Director, Text Media Group Ltd
Emeritus Professor William Walters	Chair, Maternal and Perinatal HPT Executive Clinical Director, Royal Hospital for Women
Professor Jeremy Wilson	Professor of Medicine, University of NSW
Mr Talal Yassine	Director, PricewaterhouseCoopers Legal, Lawyers

HCAC Members – Membership Status: Observer

NAME	POSITION
Professor Bruce Armstrong	Co-Chair, Population Health HPT Professor of Public Health and Medical Foundation Fellow, The University of Sydney; Director of Research, Sydney Cancer Centre
Dr Claire Blizard	Chief Executive, Greater Western Area Health Service
Professor Peter Castaldi	Chief Executive, Greater Metropolitan Clinical Taskforce (GMCT)
Mr Terry Clout	Co-Chair, Information, Communication & Technology HPT Chief Executive, South Eastern Sydney Illawarra Area Health Service

HCAC Co-Chairs/Members Meeting Attendance 2007

2007 MEETING ATTENDANCE LIST - MEMBERS						
NAME	22 Feb	30 April	13 June	7 Aug	9 Oct	12 Dec
Rt Hon Ian Sinclair (Co-Chair)	Yes	Yes	Yes	Yes	Yes	Yes
Professor Judith Whitworth (Co-Chair)	Yes	Yes	Yes	Yes	Yes	Yes
Ms Sandra Bailey	Yes	Yes	Yes	No	Yes	No
Professor Bruce Barraclough	Yes	Yes	Yes	No	Yes	Yes
Professor Jim Bishop	No	Yes	No	Yes	Yes	No
Ms Kath Brewster	Yes	Yes	Yes	No	Yes	Yes
Dr Tony Burrell	Yes	Yes	No	Yes	No	No
Mr Chris Crawford ¹	Yes	-	-	-	-	-
Ms Barbara Daly	Yes	No	Yes	Yes	Yes	Yes
Professor John Dwyer	Yes	Yes	No	Yes	No	Yes
Professor Sandra Eades ²	No	No	Yes	No	-	-
Professor Malcolm Fisher	No	Yes	No	Yes	No	Yes
Mrs Irene Hancock	Yes	Yes	Yes	Yes	Yes	Yes
Dr William Hunter	Yes	No	Yes	Yes	Yes	Yes
Professor Judy Lumby	Yes	No	Yes	Yes	No	Yes
Ms Wendy McCarthy	Yes	Yes	Yes	Yes	Yes	No
Professor Brian McCaughan	Yes	Yes	Yes	Yes	Yes	Yes
Professor Phillip Mitchell	Yes	Yes	Yes	Yes	Yes	Yes
Dr Diane O'Halloran	Yes	Yes	Yes	Yes	Yes	No
Dr Sue Page ³	Yes	Yes	No	-	-	-
Professor Ron Penny	No	No	Yes	No	No	Yes
Professor Debora Picone	Yes	Yes	Yes	-	-	-
Ms Liz Rummery	Yes	Yes	No	No	No	Yes
Ms Laraine Toms	Yes	No	Yes	Yes	No	Yes
Dr Roger Traill	Yes	Yes	Yes	Yes	Yes	Yes
Professor Graham Vimpani	Yes	Yes	No	Yes	No	Yes
Mr Richard Walsh	Yes	Yes	Yes	Yes	Yes	No
Emeritus Professor William Walters	Yes	Yes	Yes	Yes	Yes	Yes
Professor Jeremy Wilson	No	Yes	Yes	Yes	Yes	Yes

¹ Mr Chris Crawford, Chief Executive North Coast Area Health Service attended as the Rural Chief Executives representative until 22 February 2007.

² Professor Sandra Eades, Co-Chair, Aboriginal Health HPT, tendered her resignation on 8 August 2007. Due to competing work commitments Professor Eades was unable to continue participating.

³ Dr Sue Page resigned in June 2007.

2007 MEETING ATTENDANCE LIST - MEMBERS						
NAME	22 Feb	30 April	13 June	7 Aug	9 Oct	12 Dec
Mr Talal Yassine	No	No	Yes	No	No	No

2007 MEETING ATTENDANCE LIST - OBSERVERS						
NAME	22 Feb	30 April	13 June	7 Aug	9 Oct	12 Dec
Professor Bruce Armstrong	No	Yes	No	No	Yes	Yes
Dr Claire Blizzard ⁴	Yes	Yes	Yes	Yes	Yes	Yes
Professor Peter Castaldi	Yes	Yes	Yes	Yes	Yes	Yes
Mr Terry Clout	No	No	No	Yes	No	Yes

Minister for Health

Dr Lucy Burgmann, Acting Chief of Staff for the Minister for Health, attended the meeting held on 22 February 2007 on behalf of The Hon John Hatzistergos MLC.

The new Minister for Health, The Hon Reba Meagher MP, attended meetings of the 30 April, 9 October and 12 December 2007.

Director-General, NSW Health

Ms Robyn Kruk attended her last meeting as Director-General, NSW Health on 22 February 2007.

Mr Robert McGregor attended on 30 April 2007 and 13 June 2007 as Acting Director-General, NSW Health.

Professor Debora Picone AM attended her first meeting as Director-General, NSW Health, on 7 August 2007.

⁴ From 30 April 2007, Dr Claire Blizzard, Chief Executive Greater Western Area Health Service attended as the Rural Chief Executives representative. Dr Blizzard also attended on 22 February 2007 as an observer.

HCAC Program 2007¹

MEETING DATE ²	MAJOR ITEM ³	STATE HEALTH PLAN STATE PLAN	ITEM FOR TABLING AND DISCUSSION AT NEXT MEETING	HEALTH PRIORITY TASKFORCE INPUT TO MEETING	AREA HEALTH ADVISORY COUNCIL INPUT TO MEETING ⁴	HPT/BRANCH/ DDG RESPONSIBLE FOR MAJOR ITEM
22 Feb 2007	Create better experiences for people using the health system – how to develop a health system that provides consumers with improved access to quality and safe healthcare and ensures patients and their carers are informed and involved in the healthcare decisions and treated with respect.	State Plan & State Health Plan Update State Health Plan-Strategic Directions 1 and 3; State Plan Priorities S1 and S8	Prevention and Early Intervention – Population health strategies Australian Health Care Agreement	Provide comment on Major Item Provide input to the Draft HCAC Work plan 2007 Comment on Draft HCAC report to the Minister No. 2 (2006)		Clinical Excellence Commission, Quality & Safety Branch DDG: K McGrath
30 Apr 2007	Prevention and Early Intervention – Population health strategies (Dental health; Reducing Obesity, Smoking, risk drinking and illicit drug use) Priorities for Australian Health Care Agreement	State Health Plan-Strategic Directions 1 and 3; State Plan- Priorities S3, F4 and F6 State Health Plan-Strategic Direction 7	Aboriginal Health – Strengthen Aboriginal Communities in NSW	Provide comment on population health strategies paper Provide input to priorities for Australian Health Care Agreement	Hunter New England Northern Sydney Central Coast	Centre for Chronic Disease Prevention and Health Advancement; Population HPT; Office of Mental Health and Drug and Alcohol. DDG: D Robinson Inter-government & Funding Strategies Branch DDG: R Matthews

¹ Standing items for each HCAC meeting: State Plan & State Health Plan

² All meetings were held from 3:00 to 6:00 pm in the Conference Room, Level 41, Governor Macquarie Tower, 1 Farrer Place, Sydney

³ All papers prepared for Council covered workforce impacts and recommend actions to build a sustainable workforce, particularly in rural and remote areas of the State. All papers also identified relevant strategies in the State Plan and State Health Plan including key performance indicators/measures.

⁴ Area Health Advisory Councils and the Children's Hospital Advisory Council provide written reports to each HCAC meeting. In addition, one Chair is invited to each meeting to provide a verbal update on progress on the AHAC workplan and key initiatives in community participation in their Area Health Service.

MEETING DATE ²	MAJOR ITEM ³	STATE HEALTH PLAN STATE PLAN	ITEM FOR TABLING AND DISCUSSION AT NEXT MEETING	HEALTH PRIORITY TASKFORCE INPUT TO MEETING	AREA HEALTH ADVISORY COUNCIL INPUT TO MEETING ⁴	HPT/BRANCH/ DDG RESPONSIBLE FOR MAJOR ITEM
13 Jun 2007	Aboriginal Health – Strengthen Aboriginal Communities in NSW	State Plan Priority F1	Prevention and Early Intervention – Maternal health Improved access to trauma services	Provide comment on Aboriginal health paper	Greater Southern South Eastern Sydney Illawarra	Centre for Aboriginal Health, Aboriginal HPT DDG: D. Robinson
7 Aug 2007	Prevention and Early Intervention – Maternal health Improved access to trauma services	State Health Plan- Strategic Directions 1 and 3; State Plan- Priorities S3, F4 and F6 State Health Plan- Strategic Direction 2; State Plan S1 and S8	Funding strategies paper NSW Health Response to Aboriginal Child Sexual Assault	Provide comment on maternal health paper Provide comment on trauma services paper	North Coast Sydney South West	PH&CP Branch; Maternal and Perinatal HPT DDG: R Matthews Statewide Services Development Branch, Critical Care HPT DDG: R Matthews
9 Oct 2007	Funding Strategies Paper NSW Health Response to Aboriginal Child Sexual Assault	State Health Plan- Strategic Directions 5; State Plan Priority F4 State Health Plan- Strategic Direction 7	Primary Health & Continuing Care – ageing population & chronic diseases	Provide comment on funding strategies paper and on NSW Health Response to Aboriginal Child Sexual Assault	Greater Western	Inter-government & Funding Strategies Branch DDG: R Matthews
12 Dec 2007	Primary Health & Continuing Care – ageing population & chronic diseases	State Health Plan- Strategic Direction 3; State Plan Priorities F4 and F5		Provide comment on primary health & continuing care paper	Children’s Hospital Advisory Council Sydney West	Chronic Aged and Community Health HPT; Inter-government & Funding Strategies Branch; Centre for Chronic Disease Prevention and Health Advancement, Population HPT DDGs: D Robinson & R Matthews

Health Priority Taskforces (HPTs)

There were eleven Health Priority Taskforces (HPTs) operating in 2007:

1. Aboriginal Health: provides direction, leadership and develops agreed positions relating to Aboriginal health policy, strategic planning and broad resource allocation issues.
2. Children and Young People's Health: facilitates provider and consumer leadership of children and young people's health services.
3. Chronic Aged & Community Health: provides access to information on patient/carer/clinician /population; provides access to and implementation of appropriate integrated care; funding and workforce.
4. Critical Care: responsible for critical care services planning.
5. Greater Metropolitan Clinical Taskforce: supports the clinical service network and evolving groups such as Acute Aged Care and Gynaecological Oncology.
6. Information, Communications & Technology: reviews and monitors the new IM&T strategy.
7. Maternal & Perinatal: provides direction and leadership for NSW maternal and perinatal services.
8. Mental Health: responsible for prevention, early recognition, early intervention and promotion and acute care.
9. Population Health: focuses on strategies and actions that support 10 new directions for Population Health gain in NSW.
10. Rural Health: monitors the implementation of the NSW Rural Health Report and NSW Rural Health Plan.
11. Sustainable Access: responsible for the review of the Waiting List policy, Predictable Surgery Program, patient journeys and Emergency Department performance targets.

Note:

The Information Management & Technology HPT changed its name to the Information, Communications and Technology HPT in 2007.

A Health Priority Taskforce for Workforce has not been convened.