

SUMMER 2011

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Hunter New England Health, Area Health Advisory Council

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A Word From the Director-General

As 2011 begins I reflect on our many achievements. As well as making substantial inroads with *Caring Together* reforms, NSW Health begins the year having completed preparations for the establishment of Local Health Networks (LHNs) which commenced on 1 January 2011. The National Health and Hospitals Agreement signed in April last year will deliver NSW a greater allocation of funds for public hospitals from the Commonwealth.

Staff from across the state have been involved in the planning for these reforms. I would like to thank everyone involved, in particular the Chairs and members of the outgoing Area Health Advisory Councils (AHACs) and Area Health Service Chief Executives. These groups have shown strong leadership in connecting clinicians, staff and the community to ensure we achieve the best outcome for NSW. The new LHN Governing Councils will be able to draw on the strong platform of community and clinical networks established by the Area Health Advisory Councils.

This issue profiles the Hunter New England Area Health Advisory Council, the only Council that will retain its current geographical boundaries in the new LHN structure. Guest Editorials are from the Bureau of Health Information, on Local Health Network governance and the final Area Health Advisory Council Convention in October. We celebrate the achievements of the Area Health Advisory Councils in an outgoing message from each Chair.

This year the Newsletter will continue to represent the work of the Health Care Advisory Council as we welcome the newly appointed Local Health Network Governing Councils.

I trust you enjoy this issue.



Professor Debora Picone AM
Director-General

For more information contact the Editor, Inga Rozenauers at iroze@doh.health.nsw.gov.au

Reflections from the Chair



*Associate Professor
Lyn Fragar AO
Chair Hunter New
England Local Health
Network Governing
Council and former
Chair of Hunter New
England Area Health
Advisory Council*

A retired surgeon. A university lecturer. A registered nurse. A rural doctor and VMO. Former education specialists, a clinical psychologist and Aboriginal health experts.

These were just some of the members of Hunter New England Health's Area Health Advisory Council. They resided right across the area, from Moree in the far northwest, to Forster along the Mid North Coast, to Tamworth, and the Hunter Valley.

As Chairperson of Hunter New England (HNE) Health AHAC from 2005 until 2010,

I am proud to have worked with these talented individuals. They were never shy in sharing their views and respected the diversity of opinions their colleagues brought to our Council.

Council members travelled to at least six HNE Health facilities each year to get a first-hand look at key achievements and issues of concern at the local level.

During these visits, we set aside time to talk with clinical staff, representatives of HNE Health's community engagement groups, and local government leaders. These visits also provided an opportunity to raise strategic and procedural issues.

AHAC members were actively involved in providing strategic advice to the Area Executive Team. We aligned our priorities with the HNE Health and NSW Health strategic objectives to maximise linkages. We also reviewed various clinical service plans, provided input to Area's patient quality and safety strategies and

achievements, and held annual planning days with the Executive Team.

I am extremely proud of the work our AHAC achieved – and I'm proud of the work HNE Health staff do, day in day out, for patients and communities right across this region. That's why I have accepted the position of Chair of the Governing Council of the new Hunter New England Local Health Network.

The work the Area achieved over the past five-plus years established a strong foundation for the future, and I want to play a part in making sure those gains continue.

My role as AHAC Chair gave me a much greater appreciation and respect for what's involved in delivering the calibre of care HNE Health staff provide. I'm looking forward to working with the organisation as it transitions to a Local Health Network.

Caring Together: A Recipe for Success

It was a full house at Manilla for a forum about improvements HNE Health made locally as part of the Caring Together Health Action Plan.

Staff, the Area's Local Health Advisory Committee members, Hospital Auxiliary members and people from the general public heard how HNE Health was rolling out the Between the Flags program and the success of the Clinical Outreach Program, which involved establishing a digital imaging network to transfer medical images across rural and regional parts of the Area Health Service.

Hunter New England Health (HNE Health) held 15 such forums in the past two years to inform staff and community partners

about work underway to improve patient experiences and boost teamwork and morale among HNE Health employees.

HNE Health's Area Health Advisory Council (AHAC) played a key role in keeping two-way communication flowing.

When the Director-General first asked the Area Health Advisory Councils to oversee the implementation of *Caring Together* initiatives in each of the Health Services, the AHAC had a number of discussions about how exactly we could make this work.

The Council knew that if the *Caring Together* recommendations were going to stick in the long-term, they had to be owned and implemented directly by HNE Health staff and management teams.

As a result, AHAC made the decision that it would provide oversight and ensure that HNE Health had solid processes in place to manage the implementation, engage staff right across the organisation about the changes, and keep community groups informed.

The HNE Health's *Caring Together* Implementation Task Force (the Task Force) was co-chaired by Associate Professor Lyn Fragar OA along with Dr Nigel Lyons, HNE Health's Chief Executive.

The Task Force met regularly throughout the implementation phases to monitor progress, discuss achievements, and prioritise actions. AHAC members also

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Hunter New England Health Area Health Advisory Council

Ensuring a Voice for Communities

HNE Health's Area Health Advisory Council made it a priority to ensure effective mechanisms were in place across the Area to give communities a voice in health needs and delivery of services at local level.

The Area Health Service had more than 30 local health advisory committees which provided input to local health services on issues including access of care, patient safety, service enhancements, major capital works projects, and workforce strategies.

The AHAC held meetings at various locations across the Area, allowing regular face-to-face meetings with community representatives.

It also partnered with HNE Health to host an annual community engagement forum bringing representatives from the various community advisory groups together to discuss issues, achievements and future directions.

These forums were a great way for community representatives to tell the AHAC and senior management at HNE Health where we were doing well and where we needed to improve.

And believe me, they didn't hold back. Their feedback was honest, candid and really vital as we worked together to make improvements.

The annual forums also gave us practical ideas on how we could further support community engagement efforts, and how community groups can play a greater role in health education.

As a result of the feedback from our community partners, HNE Health developed several resources, including the Area's Community Engagement Toolkit, a Falls Prevention Toolkit and resources to help combat childhood obesity.

The Area Health Service made a concerted effort to keep its community engagement

groups up-to-date on major strategic issues facing HNE Health, such as *Caring Together* and efforts to transition to a new Local Health Network in January 2011.

In preparation for the transition to Local Health Networks, we replaced our traditional annual planning forum with two information sessions specifically about the National Health Reform process.

Approximately 40 consumer representatives attended the two meetings (held in Tamworth and Maitland) to learn about the reform process, what it meant for HNE Health, and to share their views about community engagement in moving forward.

As the newly appointed Chair of the Hunter New England Local Health Network, I am committed to using their ideas and comments to help the Network get an even greater level of input from consumers and communities in the future.

Associate Professor Lyn Fragar AO

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observed changes underway when it visited HNE Health facilities throughout the year and talked with staff about the differences they were, or were not, seeing.

I am quite proud of the approach HNE Health took. The changes made are sustainable and that has been recognised by the Independent Panel, which was set up to monitor the implementation of NSW health reform, in its most recent assessment.

In fact, feedback from the Independent Panel, noted a number of HNE Health's strong emphasis on improving the culture of the organisation; its commitment to embedding initiatives beyond 2010 for the long-term benefit of staff and patients, and its ability to develop a number of unique and innovative programs to help achieve the various recommendations.

John Hunter Hospital



*HNE Health
Caring Together
Staff Forum*



Newcastle Beach



Final Area Health Advisory Council Convention

The final statewide Convention for Area Health Advisory Councils (AHACs) was held in Sydney in October attended by AHAC Chairs and Council members from across the state. Area Health Advisory Councils were set up five years ago in NSW to provide community and clinician input into health service planning in their Areas.

The Deputy Premier and Minister for Health Minister Carmel Tebutt thanked AHACs for contributing time and energy to make the health system better. In particular the Minister mentioned their role with the implementation and monitoring of *Caring Together*, and for their focus on improving Aboriginal health.

The Director-General Professor Debora Picone AM also praised the contribution of AHACs. She thanked them for their advice, views and expert knowledge of their local communities which informed the development of health reforms in NSW.

Delegates to the Convention were asked to identify successes and offer recommendations on engagement strategies. Outgoing AHAC Chairs and members had a word of advice for the new Local Health Network Chairs and Governing Councils: "Keep up the community and clinician engagement and build on what the AHACs achieved."



The Rt Hon Ian Sinclair AC, The Hon Carmel Tebutt, Deputy Premier and Minister for Health, Professor Debora Picone AM Director-General, Professor Judith Whitworth AC



*Dr Richard Matthews,
Deputy Director-General
Strategic Development*

Local Health Networks started 1 January 2011

Local Health Networks commenced on 1 January 2011. As part of national health reform, NSW has established 18 Local Health Networks (LHNs) including 15 LHNs covering geographical regions and three specialist LHNs.

Legislation to allow for the creation of Local Health Networks to deliver public hospital services in NSW was passed on 27 October 2010. The *Health Services Amendment (Local Health Networks)* Bill amends the Health Services Act 1997. The Bill also establishes Local Health Network Governing Councils of between six and thirteen Members in place of Area Health Advisory Councils.

Successful applicants for the LHN Chairs were announced by The Premier Kristina Keneally and the Deputy Premier and Minister for Health Carmel Tebbutt on 5 November. We are very pleased to have a group of such high calibre people from a range of clinical, community, academic and business backgrounds in these roles.

The Chairs were involved in the selection of Members to each Governing Council and the appointment of Chief Executives to the LHNs. Governing Councils and the Chief Executive will be jointly responsible for the key obligations of the LHNs in relation to service delivery, financial accountability, performance and patient outcomes.

In carrying out their role Governing Councils will seek the views of providers and consumers of health services and other members of the community served by the network. They will confer with the Chief Executive on how to support, encourage and facilitate community and clinician involvement in the planning of network services.

Transition Arrangements

In the transition to the new networks Clinical Support Clusters have been established for the North, South and West of the state to maintain administrative and corporate expertise and support for LHNs. These structures:

- Firstly supported and assisted Local Health Networks from start up on 1 January and to progressively transition to full operation as 18 Health Networks.
- Will ensure effective clinical service networks are maintained and further developed.
- Will enable LHNs to receive support and access expertise without the need to hold technical support within every network.

The clusters are defined geographically and overseen by a Chief Operating Officer (COO). Each cluster is linked to a group of LHNs to provide expert clinical support, expertise and advice. They are:

Northern Cluster: COO Nigel Lyons (previously Chief Executive of Hunter New England AHS)

Supporting the Central Coast, Hunter New England, Mid North Coast, Northern and Northern Sydney LHNs

Western Cluster: COO Mike Wallace (previously Chief Executive of Sydney South West AHS)

Supporting the Far West, Western, Nepean Blue Mountains, South Western Sydney, Western Sydney, and Sydney LHNs

Southern Cluster: COO Matthew Daly (previously Chief Executive of Northern Sydney Central Coast AHS)

Supporting the Illawarra Shoalhaven, Murrumbidgee, South Eastern Sydney and Southern LHNs

I will keep in touch on how the transition is progressing, the new structure and with more information for staff.

*Professor Debora Picone AM
Director-General*

Local Health Network Chairs

Sydney
Hon Ron Phillips

Western Sydney
Professor Stephen Leeder AO

Central Coast
Mr Paul Tonkin AM

South Western Sydney
Professor Phillip Harris AM

South Eastern Sydney
Hon. Morris Iemma

Illawarra Shoalhaven
Associate Professor Denis King OAM

Southern NSW
Ms Evelyn Bosak

Nepean Blue Mountains
Associate Professor Patrick Cregan

Northern Sydney
Professor Carol Pollock

Hunter New England
Associate Professor Lynette Fragar AO

Western NSW
Dr Robin Williams

Mid North Coast
Mr Warren Grimshaw AM

Northern NSW
Ms Hazel Bridgett

Murrumbidgee
Ms Lynda Summers

Far West
Dr Stephen Flecknoe-Brown

Hospital Quarterly Performance Reports for NSW public hospitals

The Bureau of Health Information has begun to publish regular quarterly reports on the performance of NSW public hospitals. *Hospital Quarterly*, provides information on how NSW public hospitals are performing, how the use of hospitals is changing over time and how similar hospitals compare with each other.

First Hospital Quarterly report

The first *Hospital Quarterly* report looked at elective surgery and emergency department performance in the April to June 2010 quarter and also included information from the 2009 NSW Health Patient Survey on how patients rated emergency department care in 66 hospitals.

The survey of 21,000 patients – the largest of its kind in Australia – asked people to rate their emergency department experiences and the results showed that what mattered most to them was courtesy of staff, completeness of care and waiting times.

Non-admitted patients in emergency departments described their care in 2009 as excellent (26%), very good (32%), good (25%), fair (12%) or poor (5%). Hospitals with both higher and lower patient ratings of emergency department care were found across the state.

Second Hospital Quarterly Report

The second issue in the *Hospital Quarterly* series was released in November, and shows increased activity across elective surgery, emergency department attendances and admitted patient episodes across the July to September quarter this year.

The report showed elective surgery and admitted patient episodes were both at a two-year high and emergency department attendances were 12,000 higher than the previous quarter. At the same time, waiting times for patients who had non-urgent elective surgery fell to 175 days, from 205 days the previous quarter but up 135 days from a year ago.

The Bureau is committed to the transparent provision of information – both at a state level and more specifically at the level of individual hospitals.

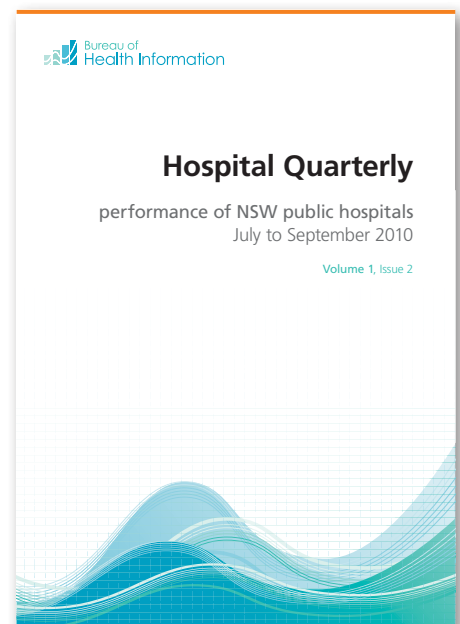
The second issue of *Hospital Quarterly* places a special focus on elective surgery, doubling the number of hospitals profiled from 40 to more than 80. It covers the number of elective surgery procedures performed over a five-year period, how long patients wait for surgery and whether they are treated within clinically-recommended time frames.

The report also continues to focus on emergency departments, providing new information on emergency department attendances over a two-year period in more than 60 hospitals, and allowing the Bureau to show seasonal fluctuations.

Performance Profiles for individual hospitals in the areas of elective surgery and emergency department care for April to June and July to September are available on the Bureau's website www.bhi.nsw.gov.au

The Bureau will continue to publish quarterly reports on hospital performance. In December a major report on how the NSW health system compared to the rest of Australia and 10 other countries was also published.

Dr Diane Watson
Chief Executive
Bureau of Health Information



Greater Western

UPDATE

Message from Outgoing Chair

This has really been one of the most productive five years that I have had in nearly 30 years of involvement in medicopolitics. The Greater Western Area Health Advisory Council (AHAC) has fully discharged its remit in providing guidance and counsel to the Chief Executives of the Area. We have also raised the profile of the Area and shown what can be achieved when health services work with active, involved local community leaders.

Our achievements include:

- Providing leadership in the development of:
 - An Induction Program for local Health Councils including an Orientation CD.
 - A Health Council brochure to be used as a resource for local health councils in the recruitment of community members to the Council.
 - A tool kit to assist Health Service Managers in their role with their local Health Council.
 - An Action Plan Workbook for local Health Councils.
- Successful implementation of Annual Health Council Forums. Greater Western AHS had provided over 40 local Health Councils; the Annual Health Council forums provided an opportunity for the local health councils to network as well as to discuss local, area wide, State and national health issues with the executive of the Area Health Service.
- Established consultative forums with Area Allied Health Advisors, Divisions of General Practices, Area Health Service Medical Staff Councils and Aboriginal Community Controlled Health Services.
- Established regular regional consultative forums with the 43 local health Councils. Issues raised at these meetings were progressed to the executive of Greater

Western AHS and reported at the NSW Health Care Advisory Council meetings.

- Established a dedicated Community Engagement webpage on the Greater Western AHS internet site that offers links to each of the local Health Councils within Greater Western AHS as well as information on the Business Summaries of the Greater Western AHAC meetings and other resources to assist local health councils.
- Established a monthly community engagement newsletter "Participation Matters".
- Assisted in the development of a formal partnership agreement between Greater Western Area Health Service and Bila Muuji Incorporated.

This could not have been done without the energy and dedication of our local health councillors, the expertise of our Community Engagement Team, the professionalism of the Area Senior Executive and the wisdom of the AHAC members.

Calendar of upcoming dates

Our last meeting was held in Orange on 24 November 2010. The meeting included a face-to-face meeting with Allied Health Clinicians and an inspection of the new Orange Health Service, which is due for commissioning in March 2011.

*Dr Stephen Flecknoe-Brown, Chair
Greater Western Area Health Advisory
Council; SflecknoFWHS@gwahs.health.nsw.gov.au*

North Coast

UPDATE

Message from Outgoing Chair

The North Coast Area Health Advisory Council (NC -AHAC) adopted a living work plan aimed at listening to and consulting with community and clinicians which has included:

- Community meetings in rural towns and villages.
- Hospital meetings with Senior Clinicians and Senior Management to:
 - Receive feedback on implementation of the Caring Together.
 - Consult on the development of the Area Health Service Plan. 2010-2015.
- Members of NC -AHAC participation on:
 - Clinical Councils and Community Engagement Forums.
 - NCAHS organisation meetings including Audit, Quality and Safety, Health Service Development Committee and GP Liaison Committee.
 - Chair attended fortnightly meetings of Area Executive.
- Chair and Clinician NC-AHAC member co-chaired the Area Health Care Services Planning Process 2010 – 2015.
- A participation website was kept up-to-date and regular newsletters published.
- Community Health Participation Forums (HPFs), and an Area Mental Health Forum and Aboriginal Health Council were established to provide advice with over 60 community members appointed.
 - HPFs have hosted a variety of events to consult and share information with the community; these have included 'listening posts' at markets, health expos and community meetings on health reform.
- All Hospital Quality and Safety and Caring Together Implementation Committees and Health Service Planning Committees have community representation.
- In relation to Health Service Reform NC-AHAC has held regular videoconferences with community representatives, most recently on 26 October 2010, and has circulated documents, press releases and other information about the reform agenda promptly to them.

- A series of e-participation surveys were trialled and information from these surveys will be provided to the new LHN Governing Councils for their consideration.
- A priority for NC-AHAC has been Aboriginal Cultural Awareness Training and this is now available to all staff.

In closing I would like to acknowledge the support and cooperation from the Chief Executive Chris Crawford and the Area Executive Team, and support provided to NC-AHAC by the NCAHS community and clinical advisory structures.



Sandra Woods, AHAC member; Murray Spriggs, Manager Community Participation; Hazel Bridgett, Chair; The Hon Carmel Tebbutt, Deputy Premier and Minister for Health at the AHAC Convention.

Calendar of upcoming dates

The experience gained by NC-AHAC over the last five years will guide the development of a robust structure and process for community and clinician engagement in the years to come. Internet and video-conferencing are expected to be significant ways of communication in this rural area.

Site meetings between clinical councils and community representatives will enable both groups to better understand each others point of view.

Additionally it is expected that there will be increased interaction between the LHN Governing Councils and education providers as opportunities for rural placements for health professional students' increase significantly.

A draft structure for Community and Clinical Advisory Arrangements has been prepared for discussion with LHN Governing Councils.

Hazel Bridgett, Chair North Coast Area Health Advisory Council

North Sydney /Central Coast



Members of the North Sydney Central Coast Area Health Advisory Council- Mrs Georgia Sidiropoulos, Dr Greg Fulcher; Ms Pauline O'Connor; Prof Carol Pollock, AHAC Chair; The Hon Carmel Tebbutt, Deputy Premier and Minister for Health; Mr Phil Peterson at the AHAC convention.

UPDATE

Message from Outgoing Chair

Over the years, core business for AHAC has been to support inclusive community and clinician engagement structures. In order to support an effective role for the local Community Participation Committees (CPCs), AHAC regularly met with CPC members to ensure they received all relevant information and were provided with opportunities to feed back to senior staff on major issues, proposals and policies. AHAC prioritised the forging of stronger partnerships with the local Aboriginal communities: the Darkinjung, Dharug and Guringai people.

AHAC contributed to the governance of Northern Sydney Central Coast Area Health Service (NSCCAHS) by providing objective third party advice to the Chief Executive and the Area Executive Team. The range of advice provided included:

- The Financial Recovery Plan
- Episode Funding
- Development of the Area's Primary and Community Health Plan and the Clinical Services Strategy
- Capital works and Hospital development for RNSH, Northern Beaches, and Hornsby

The AHAC played a key role in responding to government inquiries and policy development initiatives by providing commentary and submissions on the National Health and Hospital Reform Commission (NHHRC), the Wood Royal Commission. Meeting regularly with staff, meant that the AHAC provided staff with a forum to share their expertise and views on such issues.

Meeting with staff across the NSCCAHS provided an opportunity for local issues to be raised at a senior level. During this process the AHAC were mindful of staff morale, especially in situations where there was sustained hostile media coverage. The AHAC stepped up to the plate in demonstrating leadership by responding on behalf of NSCCAHS, issuing clarifications or refutations to the media and supporting staff who have been unfairly targeted.

More recently, AHAC supported the implementation of *Caring Together: The Health Action Plan for NSW* in a variety of ways:

- Monitoring implementation and progress against recommendations.
- Acting as advocate and champion in promoting Caring Together to staff and community.
- Alerting senior staff to potential problems with implementation processes.

Members have demonstrated tenacity and commitment in ensuring issues were resolved. The current AHAC members are committed to good governance and will actively support the smooth transition to the new LHNs.

Calendar of upcoming dates

The final combined AHAC, staff and Community Participation Committee meetings was held at Macquarie Hospital 2 December 2010.

Professor Carol Pollock, Chair North Sydney Central Coast Area Health Advisory Council

South Eastern Illawarra

UPDATE

Message from Outgoing Chair

Since 2005, the South Eastern Sydney Illawarra (SESIH) Area Health Advisory Council has conducted 57 meetings at a variety of facilities including rural and tertiary sites and services.

The role of the Area Health Advisory Council (AHAC) has been key in keeping local communities fully informed as to changes and developments in health. *Caring Together: The Health Action Plan for NSW* has further strengthened Health under the auspice of the AHAC.

Early in their partnership, SESIH Area Health Service and AHAC recognised the importance of consumer participation. The AHAC sought to develop the most appropriate model for consumer involvement in health care and in response formalised this through the Consumer Advisory Committees (CACs).

These committees have played a pivotal role in informing the AHAC on important health matters for local community groups. The AHAC has provided advice to the Chief Executive and monitored the involvement of the CACs, ensuring consistency across each of SESIH's three networks.

Similarly, the CACs have played a vital role in informing the community of the work being done to improve health services under the auspice of the AHAC, and in conjunction with SESIH's Clinical Council.

In 2010, AHAC's more recent work plan had a significant focus on the involvement of community and clinicians in the development and improvement of health services.

Key activities overseen by SESIH's AHAC included:

- Review of the involvement of community and health providers in the development of health prevention and promotion policies.
- Review of the SESIH patient satisfaction survey findings along with any action plans developed. In this process the views of health providers and consumers were sought to assist AHAC in providing advice for improving the access, quality and safety of services provided.
- Engagement of the CACs, including mental health consumer groups, and health providers in monitoring of patient information provided for relevance and effectiveness.
- Review of progress of *Caring Together*, in response to the Garling Report recommendations, and subsequent initiatives to improve the quality of health services provision.
- Through regular attendance at SESIH's combined AHAC/ Clinical Council meetings, the provision of advice on developing effective working relationships with clinicians, consumers and carers. This resulted in gaining joint participation in policy development, planning and delivery of patient journeys.

Finally, I welcome this opportunity to extend a heartfelt thank you to all of my fellow AHAC members for their valuable input over the years. I hope they are as proud of their achievements through the Council as I am, and encourage them to remain active in their pursuits of realising better health outcomes for their communities.

I wish them well in their future endeavours.

Calendar of upcoming dates

A final AHAC meeting was conducted on 7th December, where members gave valuable feedback on their experience as an AHAC member. Newly appointed Chairpersons to the Local Governing Councils, Prof Denis King and The Hon. Morris Iemma attended the meeting and heard thoughts and recommendations from the AHAC in relation to the work ahead of the new Councils.

The meeting concluded with a special thank you from SESIH Chief Executive, Terry Clout, who presented a Certificate of Appreciation to each member, and later hosted a dinner at a local restaurant.

Associate Professor Robert Farnsworth, Chair South Eastern Sydney Illawarra Area Health Advisory Council



Terry Clout, Chief Executive; Christopher Bentley, AHAC member; Deborah Cansdell, AHAC member; The Hon Carmel Tebbutt, Deputy Premier and Minister for Health; Associate Professor Robert Farnsworth, Chair AHAC; Martin Millgate, AHAC member; Dr Maureen Lonergan, AHAC member; Professor Debora Picone AM, Director-General at the AHAC Convention.

Sydney South West

UPDATE

Message from Outgoing Chair

During the last twelve months members of the Sydney South West Area Health Services (SSW AHS) Area Health Advisory Council (AHAC) continued to ensure that health consumers and local communities, as well as clinicians, have a strong voice in health decision-making in the Sydney South West Area Health Service.

Most importantly, the Council embraced its responsibilities with regard to oversight of the implementation of the *Caring Together Action Plan* by providing feedback on the Area's progress and joining key implementation working parties to provide direct input.

The Council also provided the Chief Executive with advice on a range of the Area's strategies including the much needed Macarthur Clinical Services Plan which will enable proper planning for services to manage the health demand that will result from enormous population growth in the south west of Sydney. In the latter half of the year, this also included contributing to the Area's planning towards the implementation of National Health Reform.

During this period, the SSWAHS AHAC also continued its implementation of its work plan with a highlight being the Council's work in the area of end-of-life care including hosting a range of community fora to promote utilisation of advance care directives.

As a Council, we continued to hold site visits at facilities across the Area and in 2010 further modified our meeting format to give local clinicians a greater opportunity to inform Council of the challenges and successes for local services.

I would like to thank my fellow Council members and the Area Executive, particularly Mr Wallace, for their ongoing commitment to ensuring that clinicians and the community have an effective voice in Sydney South West.

Professor Jeremy Wilson, Chair Sydney South West Area Health Advisory Council

Sydney West

UPDATE

Message from Outgoing Chair

In 2010 the Sydney West Area Health Advisory Council (SW AHAC) embarked on a rotating roster of meetings and community forums held at each hospital in Sydney West. Themes were raised by community attendees at each meeting, referring to mental health services, discharge policy, diabetes services and transport (especially in regional areas).

The SW AHAC members also had a continuing role in supporting the implementation of *Caring Together: The Health Action Plan for NSW*. Members "adopted" a hospital and visited the wards to find out some of the successes and challenges faced by frontline staff responsible for implementing the changes. *Caring Together* became a standing agenda item at each meeting and the Chief Executive and senior executives appreciated the opportunity to obtain feedback from the staff.

One of our most notable successes were the two forums held at Blacktown and Auburn on Advance Care Planning. These were well attended and provided local residents with information about legal and health care decisions and outlined the concept of planning for the future and considering formulating an Advanced Care Directive.

I would like to sincerely thank the members of the Sydney West Area Health Advisory Council for their generosity, dedication, time and commitment to improving the dialogue between the local community and the Area Health Service.

Together, with the Sydney West Area Health Service Executive, we were able to improve community engagement, instil a sense of confidence that community views were being acknowledged and responded to, and involve community members in

decisions about how health care is being delivered at each of our hospitals from Auburn to Lithgow.

*A/Professor Peter Zelas,
Chair Sydney West
Area Health Advisory Council
p.zelas@uws.edu.au*

The Sydney Children's Hospitals Network (Randwick and Westmead)

The first meeting of the Sydney Children's Hospitals Network (Randwick and Westmead) Advisory Council took place on October 22 at the Randwick campus. Chaired by Roger Corbett AO, the meeting covered a broad agenda ranging from the National and State health reforms to progress on the transition management plan for the Sydney Children's Hospitals Network (Randwick and Westmead) (SCHN).

Council Members

Mr Roger Corbett, AO (Chairman)
Mr Richard Alcock
Mrs Joanna Capon, OAM
Mr John Conde, AO
Prof Trish Davidson
A/Prof Michael Fasher
Dr Alyson Kakakios
Mrs Renata Kaldor, AO
Ms Elizabeth Koff
Prof Glenn Marshall
Dr Richard Matthews, AM
Dr Michael McGlynn, OAM
Mr Justin Milne
Prof Kim Oates, AM
Mr Daniel Petre, AO
Dr Robyn Shields
Prof Peter Smith
A/Prof Donna Waters
Dr Christopher Webber
Prof Les White, AM
Prof Bruce Robinson
Prof Ralph Nanan
Prof Louise Baur

Mr Corbett welcomed all members describing the Council as being in a critical position to enhance and deliver the vision of better medicine and health outcomes for the children in New South Wales.

Dr Richard Matthews, Deputy Director-General Strategic Development NSW Health outlined the National and State health reforms including the establishment of a Child and Youth Branch within the Department. This was informative for all Council members, particularly those working outside NSW Health.

Sydney Children's Hospitals Network Chief Executive, Elizabeth Koff, presented a profile of the Network. Ms Koff outlined the transition management plan for the SCHN assuring the Council that the single entity will be in place for January 1 2011.



*Ms Elizabeth Koff
Sydney Children's Hospital Network
Chief Executive*

*Gillian Paxton
Director of Community Relations
& Marketing
Children's Hospital at Westmead
GilliaP2@chw.edu.au*

Greater Southern



Dr Ian Stewart, Chair of Greater Southern Area Health Advisory Council at the AHAC Convention.

UPDATE

Message from Outgoing Chair

The last of the 2010 Greater Southern Area Health Advisory Council (AHAC) meetings was held in Wagga Wagga on 3 November. This was followed by a farewell dinner in Wagga that evening.

At this meeting the members, one by one, reviewed and reflected on the achievements of the AHAC over the time of its existence, considered the positive aspects of those achievements and outlined what each thought were the difficulties encountered.

It was generally agreed that the type of link to the community provided by AHAC and the evident effectiveness of this link should be emphasised to the incoming Governing Councils of the new LHNs so that they are encouraged to ensure that the link is perpetuated.

All agreed that, among the various community groups that AHAC encountered perhaps the most vital, on the basis of their overarching involvement with local communities, were the local government representatives met on our tours around the Area.

Finally, I emphasised the importance of enhancing Clinical Councils as a means of bolstering and maintaining engagement with clinicians of all persuasions.

At the end of the meeting I wished all those Councillors who had nominated for positions on the Governing Councils the very best for their success and subsequent activity in health management.

Calendar of upcoming dates

AHAC members continued to liaise with and attend the meetings of their nominated Local Health Service Advisory Committee (LHSAC) and Multi Purpose Service Committees (MPS) until the end of 2010.

*Dr Ian Stewart
Greater Southern Area Health
Advisory Council Chair*



Health

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