

MINUTES
Thursday June 27th 2019, 1pm-3pm
The Claffy Lecture Theatre
Sydney/Sydney Eye Hospital, 8 Macquarie Street, Sydney

Part A	Item 1	<p>1.1 MEETING OPENING – 1:03pm Acknowledgement of Country</p> <ul style="list-style-type: none"> • Acknowledgement of Country was given by GC (DCCC Co-Chair) <p>1.2 Apologies:</p> <ul style="list-style-type: none"> • CO (Director of Allied Health, SESLHD) • GL (St George Hospital Consumer) • GO (BCPC Consumer) • HM (Consumer/Community Representative) • JR (Consumer/Community Representative) • JW (The Royal Hospital for Women Consumer) • KO (Director, Nursing and Midwifery Services) • KS (Drug and Alcohol Services Consumer) • KB (St George/Sutherland Mental Health Consumer) • LW (Patient Safety Manager, Clinical Governance Unit) • MR (Eastern Suburbs Mental Health Consumer) <p>1.3 Present:</p> <ul style="list-style-type: none"> • AJ (Manager, Community Partnerships Unit) • AS (headspace Bondi Junction Consumer) • BM (Integrated Care Projects Manager, SESLHD) • CF (War Memorial Hospital Consumer) • CW (Eastern Suburbs Mental Health Consumer) • DM (Consumer/Community Representative) • DN (HIV Outreach Team Consumer) • EF (headspace Bondi Junction Consumer) • FP (Kirketon Road Centre Consumer) • GM (St George/Sutherland Mental Health Consumer) • GR (Associate Medical Director, SESLHD) • HMi (Prince of Wales/Sydney Eye Hospital Consumer) • JC (Media and Communications Officer, SESLHD) • JD (Director Planning, Population Health and Equity, SESLHD) • MM (Consumer/Community Representative) • PL (Sutherland Hospital Consumer) • RL (Eastern Suburbs Mental Health Consumer) • RN (HIV Outreach Team Consumer) • SM (Sutherland Hospital Consumer) • SO (The Albion Centre Consumer) • SR (The Royal Women Hospital Consumer) • TW (Chief Executive, SESLHD) <p>Chair:</p> <ul style="list-style-type: none"> • GC (Prince of Wales/Sydney Eye Hospital Consumer) <p>Minutes:</p> <ul style="list-style-type: none"> • SB (Engagement and Support Officer, CPU)
	Item 2	<p>Approval of Minutes Minutes of the DCCC Formal Meeting held 21 May 2019, as moved by HMi and seconded by PL, were approved.</p>
	Item 3	<p>Declaration of Conflict of Interest: Nil declared</p>

Part B	Standing Items	
	Item 4	<p>SESLHD District Update Directorate of Planning Population Health and Equity (DPPHE)– JD The DPPHE program of work, which focuses on keeping people healthy and well in their community while prioritising those that are most in need, was presented and the following comments were noted:</p> <ul style="list-style-type: none"> • Social connectedness and the places where people live are increasingly becoming recognised as important public health issues • The Board of Community Partnerships, which is an inter-sectoral leadership group tackling the social determinants of health, has developed a Social Connectedness Action Plan that addresses social isolation and loneliness and is linked with GP HealthPathways • Communities at the Centre is an initiative that focuses on peoples assets and aims to build community resilience, improve wellbeing and reduce inequities within a generation • A co-designed multi-purpose community hub located near several large social housing estates has been established in order to co-create community-driven activities and address what matters to them • MHi asked about homeless and GR suggested that it is a good time to seek funding for this area, as it is one of the premiers priorities • Word of mouth and strong partnerships have been the most powerful assets in community work, propelling it forward and creating opportunities like a Top Chef contestant teaching people how to shop and cook for themselves <p>ACTION 1 SB to send out slides with link and Doing It Differently video.</p> <p>Chief Executive - TW TW outlined his professional background, his vision for the organisation, and the important role of consumer engagement and the DCCC. The following comments were noted:</p> <ul style="list-style-type: none"> • A physiotherapist by trade, TW was drawn to SESLHD by the Journey to Excellence Strategy 2018-2021 and so, became the General Manager (GM) of Prince of Wales Hospital (POWH) • Aiming to propel the vision of the previous CE and continue on the path that the organisation is on, TW intends to focus upon improving the care provided at the frontline and ensuring meaningful engagement with the consumer and community is expanded, improved and embedded across the board • CF asked what vision and passion drives the new CE, who replied that he endeavors to drive the responsibility of frontline staff, empowering them to make positive change to services and use improvement science to do so • CW asked about an ‘open door’ initiative called, ‘I’ve been thinking...’ which TW had in place when he was GM at POWH and that encouraged frontline staff to meet with him to discuss local challenges and opportunities to improve them. TW said he would outline the approach to the current facility GM’s to consider this practice or to create their own in line with their leadership style • FP asked about negative treatment of patients who use drugs by frontline staff and TW noted this important area • SR queried whether a cultural change in the organisation will affect the ideals of co-production, co-design, and consumer engagement that the Community Partnerships Unit and JD have been effectively promoting and undertaking. TW responded that he would like to progress this work across the District by ensuring a process is in place that makes those practices normalised. In particular, training and improvement work are important

		<p>areas to promote those practices in and including a mandatory consumer engagement component in Improvement work and projects is a method practiced in other organisations that should be emulated in SESLHD</p> <ul style="list-style-type: none"> • In terms of how consumers engage, TW would like to collaborate with consumers and community themselves to see how and what that should look like, and how it can be embedded in bureaucratic processes
	Item 5	<p>CAC Presentation: St George & Sutherland Mental Health – GM Following comments were noted:</p> <ul style="list-style-type: none"> • The St George & Sutherland Mental Health CAC, which is composed of up to 12 consumer reps as well as senior management from the mental health service, improves the patient experience by making more effective and appropriate services for those that use them • The CAC monitors the development of information, is involved in service decision making and monitors the effectiveness of the service in meeting consumer needs • Recently, the CAC has advocated for the wounds clinic to be made more therapeutic, as it is very clinical at the moment, has no windows and is not an environment conducive to healing, especially for people with a trauma background • Walk-arounds with senior management have taken place in order to discuss the removal of the glass panels that separate staff from patients in order to balance staff safety with a patient-friendly environment • A mental health forum is being held on September 27th in Kogarah and the CAC is keen to collect patient stories in a book to present at the event, outlining what led them to becoming a consumer and also to share their recovery journeys • The Your Experience of Service (YES) survey is being trailed on iPads in the waiting rooms at Sutherland Mental Health Service in order to facilitate the collection of real-time consumer feedback • Each month, the consumers have been visiting a service or community group and collecting feedback which is then discussed bimonthly at their meetings • Sutherland hospital is undertaking a beautification project for the inpatient unit, which is being guided by a committee
	Item 6	<p>DCQC Update – PL Some topics of interest to the DCCC were presented and included:</p> <ul style="list-style-type: none"> • A report on staff coverage in hospitals on weekends and public holidays • Hospital Acquired Complications report which discussed strategies formulated for 2018/19 to reduce, improve and prevent infections • A complaints report • A falls report from St George on the poor management of patients relationships <p>NOTE GR offered to be a mentor for PL and JR for DCQC meetings</p>
Part C	New Business	
	Item 7	<p>SESLHD Community Services Directory – BM The Community Service Directory Project, which has been progressing for 6 months following Executive Council endorsement, is intended to be a user-friendly and public directory of the health services offered in SESLHD. The following comments were noted:</p> <ul style="list-style-type: none"> • The directory, which will be publically accessible, aims to act as a single source of service information that will include information that is useful to both health professionals referring patients and patients themselves • It can enhance the link between the District, community care and primary care by forming a basis for an electronic referral system and Healthpathways

		<ul style="list-style-type: none"> AS asked how they plan to keep information current and there will be place on the webpage to report an issue or report if information is incorrect. The directory also sources its data from a costing and budgeting database which is flagged to review and update on a regular basis RLW asked if there are plans to make it an app and although there isn't in the initial phases, it is a good idea to consider in the future The directory will have some wayfinding information which will take the form of a Google map but a suggestion would be to include a written description once inside a facility, as current hospital wayfinding systems have mixed reviews from consumers – AJ HMi mentioned that, from a disability perspective, information regarding accessibility, lifts, disability parking, proximity to toilets and distance to exits and public transit should be listed in the details of each service FP suggested that services which are certified as LGBTQIA safe spaces should be identified in the directory description and that there is an accreditation process that can ensure they meet that qualification CF suggested that Maroubra be a case study of service directory descriptors that meet consumer informational needs In answer to PL's question on how the directory project will fail, BM said that the success will be in keeping information up to date and maintaining good communication <p>ACTION 3 BM to submit a consumer and community engagement plan, workshop information, and focus group details to the DCCC.</p>
	Item 8	<p>Health Navigation Literature Review - DM The following comments were noted:</p> <ul style="list-style-type: none"> Typically, patient navigation literature focuses upon patient navigators in facilities and is mostly focused upon chronic illness however, navigation is not just required in hospitals and there are a range of services people need to access and understand There is a gap between the type of health navigation that the DCCC are focusing on, which are transitions points for consumers, and what is found in the literature The focus of the DCCC is to figure out our role in aiding the patient journey Wayfinding information in the service directory is a key initiative in health navigation that the DCCC can add value to and make a difference
	Item 9	World Café Project Methodology – HELD OVER
	Item 10	<p>SESLHD Purpose Statement Four consumer submissions were sent as options for the new SESLHD Purpose Statement, and the winner was, "To empower our community to achieve better health and wellbeing through compassionate and sustainable care, now and for future generations".</p> <p>ACTION 4 SB to submit the DCCC recommended Purpose Statement to Kate and establish next steps.</p>
Part D	Business Without Notice – Nil declared	
Part E	Meeting Close 12:13pm	
	Item 14	<p>Next Meeting Date: Tuesday July 30th 2019 Time: 10:00pm-12:00pm Venue: The Training Room, The Albion Centre Type: Informal</p>

Action Items from District Consumer and Community Council Meetings

Meeting Date	Item	Action	Who	Status
13 Aug 18	6	<i>Looking to establish a working group of 4-5 DCCC consumers to work with iiHub. An EOI will be developed.</i>	SB	Ad hoc expressions of interest for projects will be issued instead of creating a working group.
27 Jun 19	4	<i>CPU to follow up with iiHUB to support mandatory consumer engagement in Improvement work.</i>		CPU meeting with iiHUB to establish how DCCC can collaborate.
18 Sep 18	1	<i>SB to distribute information on the Remedy Project and End of Life Care Plan EOI for consumer representation to DCCC.</i>	SB	Collaborating with GR and CAC leaders to involve consumers in facility meetings for 2019. SB met with GR at End of Life committee for Sutherland in Feb 19 and the committee are determining how to implement Paid Participation.
21 Feb 19	13	<i>Send expressions of interest to SB for the HCNSW training.</i>	DCCC members	Ongoing
18 Apr 19	9	<i>SB to invite Tim Croft to present to the DCCC.</i>	SB	Pending the completion of Tim's engagement.
27 Jun 19	4	<i>SB to send out (JD) slides with link and Doing It Differently video.</i>	SB	Complete. Sent out with June minutes.
	7	<i>BM to submit a consumer and community engagement plan, workshop information, and focus group details to the DCCC.</i>	BM	Pending
	10	<i>SB to submit the DCCC recommended Purpose Statement to Kate and establish next steps.</i>	SB	Pending