SESLHD Consumer and Community Council (DCCC) Formal Meeting

Health
South Eastern Sydney
Local Health District

MINUTES
Thursday August 15th 2019, 10am-12pm
The Claffy Lecture Theatre
Sydney/Sydney Eye Hospital, 8 Macquarie Street, Sydney

Part A	**Item 1** **1.1**	**MEETING OPENING – 10:01am** **Acknowledgement of Country** • Acknowledgement of Country was given by GC (DCCC Co-Chair)
	1.2	**Apologies:** • CO (Director of Allied Health, SESLHD) • CW (Eastern Suburbs Mental Health Consumer) • GL (St George Hospital Consumer) • HM (Consumer/Community Representative) • JD (Director Planning, Population Health and Equity, SESLHD) • JR (Consumer/Community Representative) • JW (The Royal Hospital for Women Consumer) • KO (Director, Nursing and Midwifery Services) • LW (Patient Safety Manager, Clinical Governance Unit) • SO (The Albion Centre Consumer) • TW (Chief Executive, SESLHD)
	1.3	**Present:** • AJ (Manager, Community Partnerships Unit) • AS (headspace Bondi Junction Consumer) • CF (War Memorial Hospital Consumer) • DM (Consumer/Community Representative) • DN (HIV Outreach Team Consumer) • EP (St George/Sutherland 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) • KS (Drug and Alcohol Services Consumer) • LW (Acting Director of Clinical Governance, SESLHD) • MM (Consumer/Community Representative) • MR (Eastern Suburbs Mental Health Consumer) • PL (Sutherland Hospital Consumer) • RN (HIV Outreach Team Consumer) • SM (Sutherland Hospital Consumer) • SR (The Royal Women Hospital Consumer) **Guests:** • AB (Executive Director, HCNSW) • AF (Disability Pathway Navigator, PICH, SESLHD) • JC (Senior Project Officer, PICH, SESLHD) • NM (A/DD PICH/Disability Strategy Manager, SESLHD) **Chairs:** • GC (Prince of Wales/Sydney Eye Hospital Consumer) • KB (St George/Sutherland Mental Health Consumer) **Minutes:** • SB (Engagement and Support Officer, CPU)
	Item 2	**Approval of Minutes** Minutes of the DCCC Informal Meeting held 30 July 2019, as moved by SR and seconded by PL, were approved.
	Item 3	**Declaration of Conflict of Interest**: Nil declared

Part B	**Standing Items**	
	Item 4	**SESLHD District Update** *Directorate of Clinical Governance – LW* • SESLHD is currently under an Executive restructure and some units, like the Community Partnerships Unit (CPU), have not yet been aligned and sit under the Nursing Directorate in the interim. • LW now sits in the Directorate of Clinical Governance and Medical Services. • Where some Directorates have been dissolved, other new Directorates have been created, such as the Directorate of Population and Community Health, which will combine community clinical services under one umbrella • The DCCC Charter will be updated to reflect the changes at the Executive level and a new Council executive sponsor identified, as JD's position as the Director of Planning, Population and Equity has been deleted • The new structure has been approved by the Board and the new Director level job positions have been advertised • SR asked what the rationale for the restructure was and LW articulated that it has been an ongoing process that began with Gerry Marr, the previous CE, with the aim of making the District more efficient and the structure more logical • SR commented that it will be interesting to see the impact of the changes upon processes and philosophy for the DCCC • The Quality and Safety Board Committee in Clinical Governance, whose focus is upon incidence and quality improvement activities, is looking for two new consumer representatives to replace their retiring member. It was proposed that DCCC consumers could fill these spots. • The Committee consists of Board members, General Managers, Directors of Clinical Governance, and Divisional Department Heads and the Committee meets 4x/year at Sydney Eye Hospital • The main difference between The Board Committee and the DCQC is that the DCQC is not attended by Board members • The previous consumer representative worked in health but did not have a strong voice on that committee and SR suggested that education on engagement may be required • Without overstressing the membership, AJ proposed that the DCCC should act as the main consumer body to link into other District Committees, report back on their work, and increase collaborative efforts. This was approved by the DCCC membership.

		• Clinical Governance is developing a 50 page document called a Quality Account which outlines District priorities such as sepsis, managing a deteriorating patient, and the Aboriginal community for review by the DCCC by the end of August *Medical Executive Directorate- GR* • The End of Life Committee (EOLC) at Sutherland Hospital (TSH) is joined by PL • An expression of interest was sent to TSH CAC to recruit one other representative • Instead of a District EOLC, each facility responds to the relevant aspects of the End of Life Strategy to meet its own culture • Consumer participation in end of life is important to ensure processes and mechanisms support person-centered care and there are initiatives running to bring end of life care into the community via GP's ACTION 1 The DCCC will revisit the SESLHD Executive Restructure in order to discuss changes to the Executive membership and Executive sponsor in the Charter. ACTION 2 LW to send an EOI for the Quality and Safety Board Committee for DCCC members to join. ACTION 3 SB to obtain hard copies of Advanced Care Directives for DCCC members.
	Item 5	**DCQC Update & Membership – PL** Following comments were noted: • JR is stepping down from DCQC and the option was presented to either appoint the runner up from the previous nominations, SM, or hold a new round of selections • The Executive Restructure was discussed at the DCQC and was well received by the membership • TW commissioned Caliba, experts in healthcare logistics and procurement, to review how drugs are purchased in SESLHD in order to standardise prices and promote the use of generic versions • A business rule is being developed to ensure that drugs prices are District-wide, constant and generics are used when clinically appropriate DECISION SM will join PL as the consumer representatives on the DCQC.
Part C	**New Business**	

	Item 6	**SESLHD Disability Strategy Unit – NM, AF, JQ** The Disability Strategy Unit (DSU), which consist of three staff members with allied health backgrounds, discussed the demographics of disability in SESLHD and their role in educating staff to support consumers (Annex A). • People with a disability have poorer health outcomes and often report health service access issues, unclear or insufficient information, poor awareness and knowledge of staff and fear of working with people with a disability, which could be due to the complexity of the condition or from a lack of inclusive engagement • RN queried what education is available to staff about disabilities and there is disability awareness training offered through HETI but the information in the module is very general and not mandatory • DSU work internally within SESLHD to capacity-build 12,000 staff and raise systemic issues with Ministry of Health to change the health system to become more inclusive • Although the DSU are not NDIS experts, they engage with service on a regular basis and act as a conduit for staff to gain technical or specific information • DM commented that The Australian Charter of Healthcare Rights should explicitly include disability and perhaps if they had, a Royal Commission into Disability would not have been necessary • HMi suggested that the SESLHD DSU internet site is too brief and the DSU should promote the work they do more, NM agreed to update • RN suggested that the DSU partner with community organisations beyond the ones they currently do which include Ability Links NSW and the Society of Saint Vincent de Paul • In the implementation of the National Disability Scheme, the DSU escalate clinical cases up to the NDIS and Ministry of Health • The Disability Inclusion Action Plan is being consulted on with external stakeholders which include consumers and people with specific expertise outside of SESLHD • The DSU is developing a local plan which will be consulted on with consumers across the disability spectrum • KB asked if consumers provide advice on staff training and while they do not at the moment, the DSU do presentations, information sessions, have resources on their intranet site, provide advice and coaching, and hold NDIS action sessions where they meet with clinicians to provide real-time feedback to real-life scenarios • HMi and CF queried how the growing population of persons with a disability who are aged is being addressed and although reform to address this gap is slow, there is support available for people who are not eligible for NDIS from the DSU and Ability Links • The DSU can also help to facilitate the consumer journey through the hospital by partnering with clinicians to provide them with advice and coaching to empower them to support consumers • There is also an Education Champion Network with 15 staff who also support education in the disability space ACTION 4 DCCC to contact DSU with any further inquiries.

	Item 7	**The Australian Charter of Healthcare Rights: 2nd Edition - AB** • Health Consumers NSW (HCNSW), who is the peak body for consumers in NSW, helped to recruit consumers for the Agency for Clinical Innovation (ACI) consultation for the second edition • The 1st edition of the Australian Charter of Healthcare Rights was launched in 2009, aligning with The National Safety and Quality Health Service (NSQHS) Standards and the 2nd edition of the Charter launched last week has an increased alignment to the NSQHS Standards • In the 2nd version, the right for consumers to make decisions and partner with their health care provider is outlined as being a necessity than a possibility like was outlined in the first edition • The right to access health information and be made aware when something goes wrong is more explicit in the 2nd edition • One aspect made more ambiguous in the 2nd edition is the right to join in the decision making around health service planning, which makes the DCCC advocacy-type activities less clear • The Australian Commission on Safety and Quality in Health Care (ACSQHC) is in the process of preparing supporting documents that will hopefully provide practical ways to promote it • In terms of the DCCC, AB suggested the 2nd edition be brought to the facility CAC meetings, that the Charter be used as a checklist for assessing service/policies, that the consumers advocate for services to make copies available to patients and to inform future decision making • GM suggested that her CAC post the Charter in her facility service areas • FP commented that aligning it with the NSQHS standards is important but it does not ensure patients know what the Standards are. AB agreed but also thought that the awareness of it is also important in itself. • The Charter is endorsed at a Commonwealth level and by the states/territory ministers of Health, applying to all people that use the Australian health system • DM wondered how the Charter becomes used in practice and unless consumers and consumer advocates promote it, it remains to be just a document posted on the wall. It gives consumers something to lean on and use to advocate for what people should expect from health services • KS commented that Drug and Alcohol services implement the concepts of the Charter into policy, particularly access and partnership, and finding that senior management are following through on implementing it into business rules. Sharing success stories and positive experiences are a way to further the impact of the Australian Charter of Healthcare Rights • GR suggested that the document be raised at facility CAC's to discuss how to embed the rights into practice and SR reasoned that a dialog between clinicians and patients will be important for this document ACTION 5 Members to discuss the Charter with their CACs, advocate for its use in facilities, and use it as a guide when assessing policies and plans. ACTION 6 SB to contact PHN to see if they endorse the second edition of Healthcare Rights. ACTION 7 PL to raise the Charter at DCQC to ask how it will be implemented.
Part D	**Business Without Notice** The working party to co-design consumer engagement videos with Maria Jessing are still	

	open for consumers to send their EOI's. Abstracts for the World Café are due this month.	
Part E	**Meeting Close 12:02pm**	
	Item 8	**Next Meeting** **Date:** Tuesday Sept 17th 2019 **Time:** 10:30pm-12:30pm **Venue:** The Claffy Lecture, Sydney/Sydney Eye Hospital **Type:** Informal

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Action Items from District Consumer and Community Council Meetings

Meeting Date	Item	Action	Who	Status
18 Apr 19	9	*SB to invite Tim Croft to present to the DCCC.*	SB	Pending the completion of Tim's engagement
27 Jun 19	7	*BM to submit a consumer and community engagement plan, workshop information, and focus group details to the DCCC.*	BM	Pending. Engagement Plan discussed 30/07/2019 and workshop complete 1/8/2019
	10	*SB to submit the DCCC recommended Purpose Statement to Kate and establish next steps.*	SB	Pending approval from JD
30 Jul 19	5	*DCCC members to provide feedback on the Community and Consumer Engagement Strategic Plan.*	DCCC members	Complete. Feedback provided to Project Officer.
		CW to return amended Engagement Strategy for approval by the end of August and seek consumer representation on the Community Services Directory Advisory Group.	CW	Pending
	7	*Members to submit abstracts/projects following the approved World Café Project Methodology in order to be short-listed for inclusion.*	DCCC members	Pending
		Members to submit suggested event names for the World Café.	DCCC members	Pending
		SESLHD Executive leaders to be invited to attend the World Café event.	SB	Pending
15 Aug 19	4	*The DCCC will revisit the SESLHD Executive Restructure in order to discuss changes to the DCCC Charter as well as the change of Executive Sponsor.* *LW to send an EOI for the Quality and Safety Board Committee for DCCC members to join.* *SB to obtain hard copies of Advanced Care Directives for DCCC members.*	SB LW SB	Complete. Added to the agenda drafting document Pending Pending. Catherine Molihan contacted.
	6	*DCCC to contact DSU with any further inquiries.*	DCCC members	Complete
	7	*Members to discuss the Charter with their CACs, advocate for it in facilities, use it as a guide when assessing policies and plans.* *SB to contact PHN to see if they endorse the second edition of Healthcare Rights.* *PL to raise the Charter at DCQC to ask how it will be implemented.*	DCCC members SB PL	Complete Pending Pending