

MINUTES
Tuesday April 7th 2020, 2:00pm-3:30pm
Teleconference

Part A	Item 1	MEETING OPENING – 2.06pm
	1.1	<p>Acknowledgement of Country</p> <ul style="list-style-type: none"> Acknowledgement of Country was given by KB (DCCC Co-Chair)
	1.2	<p>Apologies:</p> <ul style="list-style-type: none"> KS, Drug and Alcohol Consumer LW, Patient Safety Manager, Clinical Governance Unit
	1.3	<p>Present:</p> <ul style="list-style-type: none"> AJ, Manager Community Partnerships Unit AR, A/ Patient Safety Manager, Clinical Governance Unit BS, Asia-Pacific Representative, Harwood Institute for Public Innovation CB, Community Partnerships Officer, Community Partnerships Unit CF, War Memorial Hospital Consumer CW, Eastern Suburbs Mental Health Consumer DM, Consumer/Community Representative DN, HIV Outreach Team Consumer EP, St George/Sutherland Mental Health Consumer FP, Kirketon Road Consumer GL, St George Hospital Consumer HM, Prince of Wales/Sydney Eye Hospital Consumer JR, Consumer/Community Representative JS, The Albion Centre Consumer JW, The Royal Hospital for Women Consumer KO, Director Nursing and Midwifery LA, Director Strategy, Improvement and Innovation MG, Director Population and Community Health MM, Consumer/Community Representative MR, Eastern Suburbs Mental Health Consumer PL, Sutherland Hospital Consumer SM, Sutherland Hospital Consumer SR, The Royal Women Hospital Consumer TW, Chief Executive <p>Chairs:</p> <ul style="list-style-type: none"> KB, Consumer/Community Representative GC, Prince of Wales/Sydney Eye Hospitals Consumer <p>Minutes:</p> <ul style="list-style-type: none"> SB, Engagement and Support Officer, CPU
	Item 2	<p>Approval of Minutes</p> <p>Minutes of the DCCC Informal Meeting held 12 March 2020, as moved by GC and seconded by GL, were approved.</p>
	Item 3	<p>Declaration of Conflict of Interest: Nil declared</p>

<p>Part B</p>	<p>Standing Items</p>			
	<table border="1"> <tr> <td data-bbox="284 277 435 958"> <p>Item 4</p> </td> <td data-bbox="435 277 1525 958"> <p>CAC/Community Presentation - KB As a community representative, KB is linked in to a variety of community and consumer groups, having been the chair of the Sutherland/St George Mental Health CAC, working as a peer educator for the Recovery College, and most recently, by joining the Ministry of Health’s Drug and Alcohol Board as a consume representative. Following comments were noted:</p> <ul style="list-style-type: none"> • The Recovery College offers trauma courses in mental health and female domestic violence, and have created a new Consumer Voice Committee, which has a student newsletter featuring success stories, artwork, poems • In response to the current pandemic, they are offering online courses in mental health and COVID-19 • The work done in Workplace capability, which promotes strength and recovery based models for use in mental health wards and the community, has demonstrated positive systemic attitude change amongst staff over the past three years <p>ACTION 1 SB to send out link to The Recovery College courses on mental health and COVID-19.</p> </td> </tr> <tr> <td data-bbox="284 958 435 2105"> <p>Item 5</p> </td> <td data-bbox="435 958 1525 2105"> <p>SESLHD District Update in the context of COVID-19 Following comments were noted from Clinical Governance - AR</p> <ul style="list-style-type: none"> • An online cloud-based portal, which will be rolled out 13th August, is being created as a mechanism to report/notify SESLHD of incidences • It will have a dedicated portal for consumer input, which is in the process of being developed <p>Following comments were noted from the Director of Nursing and Midwifery - KO</p> <ul style="list-style-type: none"> • SESLHD and NSW have just recently recovered from the devastation of the bush fires, of which mental health was particularly impacted • The current focus is upon COVID-19, as the District is preparing its facilities, staff and the community for a potential in increased activity • Nursing and Midwifery are training staff to work in the ICU, increasing capacity to triple what it is now, and focusing upon education • Screening fever clinics are operating at all of the major hospitals and all facilities are currently taking COVID-19 patients • A community clinic bus is operating in Hurstville and Kirketon Road Centre (KRC) for the homeless community • GC queried if SESLHD has a contingency plan to establish COVID-19 hospitals, similar to other countries, but SESLHD does not have a plan for this at the moment because the monitoring is very responsive • In response to FP’s question about how screening information is being communicated to homeless people, KO advised that the District is relying predominantly on word of mouth but also using its website, posters around KRC, and flyers • HM/JW– Consideration should be made for pharmacy outpatients who are required to limit exposure to hospitals but who need to obtain their medications or undertake hospital-based blood tests • CF- The Chief Medical Officer advised a modelling link was being released this afternoon to confirm if the response we are taking is correct <p>ACTION 2 KO to follow-up on how pharmacy outpatients safely receive their medication.</p> </td> </tr> </table>	<p>Item 4</p>	<p>CAC/Community Presentation - KB As a community representative, KB is linked in to a variety of community and consumer groups, having been the chair of the Sutherland/St George Mental Health CAC, working as a peer educator for the Recovery College, and most recently, by joining the Ministry of Health’s Drug and Alcohol Board as a consume representative. Following comments were noted:</p> <ul style="list-style-type: none"> • The Recovery College offers trauma courses in mental health and female domestic violence, and have created a new Consumer Voice Committee, which has a student newsletter featuring success stories, artwork, poems • In response to the current pandemic, they are offering online courses in mental health and COVID-19 • The work done in Workplace capability, which promotes strength and recovery based models for use in mental health wards and the community, has demonstrated positive systemic attitude change amongst staff over the past three years <p>ACTION 1 SB to send out link to The Recovery College courses on mental health and COVID-19.</p>	<p>Item 5</p>
<p>Item 4</p>	<p>CAC/Community Presentation - KB As a community representative, KB is linked in to a variety of community and consumer groups, having been the chair of the Sutherland/St George Mental Health CAC, working as a peer educator for the Recovery College, and most recently, by joining the Ministry of Health’s Drug and Alcohol Board as a consume representative. Following comments were noted:</p> <ul style="list-style-type: none"> • The Recovery College offers trauma courses in mental health and female domestic violence, and have created a new Consumer Voice Committee, which has a student newsletter featuring success stories, artwork, poems • In response to the current pandemic, they are offering online courses in mental health and COVID-19 • The work done in Workplace capability, which promotes strength and recovery based models for use in mental health wards and the community, has demonstrated positive systemic attitude change amongst staff over the past three years <p>ACTION 1 SB to send out link to The Recovery College courses on mental health and COVID-19.</p>			
<p>Item 5</p>	<p>SESLHD District Update in the context of COVID-19 Following comments were noted from Clinical Governance - AR</p> <ul style="list-style-type: none"> • An online cloud-based portal, which will be rolled out 13th August, is being created as a mechanism to report/notify SESLHD of incidences • It will have a dedicated portal for consumer input, which is in the process of being developed <p>Following comments were noted from the Director of Nursing and Midwifery - KO</p> <ul style="list-style-type: none"> • SESLHD and NSW have just recently recovered from the devastation of the bush fires, of which mental health was particularly impacted • The current focus is upon COVID-19, as the District is preparing its facilities, staff and the community for a potential in increased activity • Nursing and Midwifery are training staff to work in the ICU, increasing capacity to triple what it is now, and focusing upon education • Screening fever clinics are operating at all of the major hospitals and all facilities are currently taking COVID-19 patients • A community clinic bus is operating in Hurstville and Kirketon Road Centre (KRC) for the homeless community • GC queried if SESLHD has a contingency plan to establish COVID-19 hospitals, similar to other countries, but SESLHD does not have a plan for this at the moment because the monitoring is very responsive • In response to FP’s question about how screening information is being communicated to homeless people, KO advised that the District is relying predominantly on word of mouth but also using its website, posters around KRC, and flyers • HM/JW– Consideration should be made for pharmacy outpatients who are required to limit exposure to hospitals but who need to obtain their medications or undertake hospital-based blood tests • CF- The Chief Medical Officer advised a modelling link was being released this afternoon to confirm if the response we are taking is correct <p>ACTION 2 KO to follow-up on how pharmacy outpatients safely receive their medication.</p>			

		<p>Follow comments were noted from the Director of Population and Community Health - MG</p> <ul style="list-style-type: none"> • Reduction in the number of new cases each day and indications that the curve is flattening brings an optimism that initiatives being implemented are working but it will be followed in the upcoming weeks to see how impactful measures have truly been • SESLHD has the highest number of cases in NSW because it is a key tourist attraction and destination for overseas visitors • The vast majority of cases are linked to overseas travel, people in contact with known cases and more recently, those working in travel related industries such as hotels and airport • Main area of concern are Waverly, Woollahra, Bondi and Bondi Junction due to residents returning from overseas travel, as well as a cluster of locally transmitted infections stemming from social events/parties in backpacker residents • The District has high testing rates and have had clear and consistent messaging around respiratory and hand hygiene and social distancing <p>Following comments were noted from the Director Strategy, Improvement and Innovation – LA</p> <ul style="list-style-type: none"> • A key priority for the Directorate is the rolling out telehealth, where patients can receive care from their homes and immediate support can be provided to those in aged care residence, as well as providing support to the aged care sector via Geriatric Flying Squad • Virtual solutions are being explored and business planning is still being completed, as sites and services try to understand their priorities in the context of District and NSW strategic priorities and in terms of available resources over the next financial year • Models of care created in the context of COVID-19 are innovative and responsive, and will be evaluated for clinical and systems outcomes to build on post-COVID • Information is consolidated regarding COVID for Executive leadership to use today and predict what’s going to happen tomorrow <p>Following comments were noted from the Chief Executive - TW</p> <ul style="list-style-type: none"> • The District is as prepared as it can be and is focused on making sure the community is safe at this time • Although it is a challenging time, there is a great deal of confidence with the plans in place - thanks the committee for their efforts
	Item 6	<p>DCQC Update – PL and SM The District Clinical and Quality Council meeting was business as usual at the March meeting, with a number of policies adopted however, the April meeting has been cancelled in favour of a COVID-19 meeting.</p>
Part C	New Business	

	<p>Item 7</p>	<p>Aspirations for both you and your community in the context of COVID-19 Brian Smith from The Harwood Institute was invited to support the consumer chair to conduct a structured and strengths-based discussion, which aimed to uncover consumer knowledge and aspirations that can be shared with decision makers.</p> <p>Aspirations for our communities at this time:</p> <ul style="list-style-type: none"> • Aspirations for the trans community are that they continue to thrive, feel freedom and have access to health care and family • For Alcohol and Other Drugs, as well as mental health, the aspirations are that they maintain upon their road to recovery, focus upon the positive parts of health when things are stressful, and thrive in their communities • For the chronic pain and disabilities communities, the aspirations are that they keep positive, active, in communication and avoid hospitals altogether if they can <p>Experiences we need to understand and reflect upon:</p> <ul style="list-style-type: none"> • From a trans community perspective, adequate information about what health services will be affected is most important • Conversations in one community, which included people from a variety of backgrounds, revealed that people have similar concerns about going outside, when it is going to be safe, going out to shops, getting vaccinations, being panicked by the amount of information, and having poor mental health from job loss • The disability community have concerns surrounding their anxiety about being able to go out and do so safely, how they are going to get around, how they are going to get their food, how to deal with anxiety, and how to get all the information they want • Queuing in lines to grocery shop for a disabled person is not ideal, as they may not be able to stand in one spot for long periods • Getting out to medical appointments in the hospital creates anxiety for vulnerable people, especially for tests and medications that have to be retrieved from the hospital site • “Generally, we are not told how to negotiate a hospital. Many people that have to go to hospitals to clinics or to have tests done have no information sent to those patients on how to choreograph or how to negotiate this” • The breast clinic has shut down and there are concerns about what happens and how/when to re-engage with the service, especially for consumers previously diagnosed • A report was released that a blocker for testosterone made symptoms worse for COVID and that affected the trans community • As well as wanting information, there is also too much information that can cause concern, such was the case when HIV medication was suggested as a possible treatment for COVID-19. This could cause anxiety about medication shortages • In the HIV community, there is a fear that the medication is being diverted to COVID-19, that social distancing is not being taken seriously and that
--	----------------------	---

		<p>there is a flow on effect</p> <p>Actions we believe would make a difference:</p> <ul style="list-style-type: none"> • Blood tests normally done in hospital can be faxed and done during quiet times in local GP offices however, some people do not trust going to a medical centre • The hospitals could contact patients to let them know how to go in safely for appointments or pathology tests • Having information and proper communication is key, particularly with regular clients of that service • There should be one central place for valid information • The District is rolling out telehealth very rapidly and perhaps the communication around it can be married to real-life DCCC experiences • There are an abundance of resources for mental health on how to get through this time and share your story • Amongst the bad news, it is good to hear diverse voices and stories • Having the right people saying the right things and using appropriate language, as words matter, is important - these messages could encourage people but express the seriousness of the situation for the community, bringing the important issues to the forefront • As the experiences related to COVID-19 will continue and change for some time, it would be interesting to revisit this in a months' time <p>ACTION 3 Consumers to send through any additional answers to the aspiration questions, which will be compiled and shared with SESLHD decision makers.</p>
	Item 8	<p>Quality and Safety Board Committee Membership Voting The committee voted for HM as their representative on the Quality and Safety Board Committee.</p>
	Item 9	<p>Co-Chair Voting GC was renominated as co-chair of the DCCC and he thanked the committee for the confidence placed in him, which he will do his best to live up to.</p>
	Item 10	<p>Annual Committee Performance Evaluation Results A SurveyMonkey collected the DCCC Annual Committee Performance Evaluation, which had a very good response rate and overwhelmingly positive feedback. Although the evaluation is a standard template required of SESLHD Committees to complete annually, the practicality of it was put to the committee. The following comments were noted:</p> <ul style="list-style-type: none"> • The survey questions could be more tailored to the consumer experience • FP suggested the question asking about what the minutes do was out of place from the rest of the survey • DN argued that the survey could be more tailored, as it is generic and does not consider what we want to achieve as a committee • JW agreed that a custom made survey would be more relevant <p>ACTION 4 A tailored DCCC Annual survey will be developed.</p>

	<p>Item 11</p>	<p>Diversity Survey Update</p> <p>The Diversity survey was reviewed for its appropriateness at a previous meeting and two areas of interest were followed up, using the term disability and adding a question about alcohol and other drugs.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • Nicole Marchisone, the manager of the Disability Strategy Unit, reviewed the survey for appropriateness of using the term “disabled” and she determined it was appropriate, as that is a universal term used by the World Health Organisation and United Nations. • Nicole argued that changing the term in the DCCC survey could confuse people and recommended aligning our language with what is universally recognised in order to get the best information from the survey • HM agreed that the term disability is generally known and understood • In terms of health literacy, JW argued that changing the terminology to “adjusted capabilities” is not plain English and not simple • GL agreed that disability is the more recognised term and it would be vague to use “adjusted capabilities” • JR works with people with disabilities and they generally do not have major issues with the term • FP suggested the term, “differently abled”, as that is used in her queer circle but doesn’t feel “disability” needs to be removed from the survey <p>DECISION The DCCC survey will continue to use the term “disability”.</p> <p>ACTION 5 KB to follow-up at her Alcohol and Other Drugs (AOD) meeting with the Ministry of Health to determine the wording for an AOD question for the Diversity Survey.</p>		
<p>Part D</p>	<p>Business Without Notice</p> <p>JW - The NSW website for COVID-19 does not give any information on how to attend a doctor’s office or hospital: https://preview.nsw.gov.au/covid-19</p> <p>AJ - Tomorrow’s extra meeting is an opportunity to hear from the DCCC on a specific issue, food security, and more of these meetings may occur depending on capacity and needs. Community Partnerships Unit has been tasked with ensuring food supply and security is being considered for the community and particularly those that might find it difficult to access food in this environment.</p> <p>FP - 31 March was Transgender Day of Visibility and this year, a website was launched called TransHub.</p>			
<p>Part E</p>	<p>Meeting Close 12:13pm</p> <table border="1" data-bbox="284 1641 1522 1809"> <tr> <td data-bbox="284 1641 435 1809"> <p>Item 12</p> </td> <td data-bbox="435 1641 1522 1809"> <p>Next Meeting</p> <p>Date: Thursday May 14th 2020</p> <p>Time: TBC</p> <p>Venue: Teleconference</p> <p>Type: Informal</p> </td> </tr> </table>		<p>Item 12</p>	<p>Next Meeting</p> <p>Date: Thursday May 14th 2020</p> <p>Time: TBC</p> <p>Venue: Teleconference</p> <p>Type: Informal</p>
<p>Item 12</p>	<p>Next Meeting</p> <p>Date: Thursday May 14th 2020</p> <p>Time: TBC</p> <p>Venue: Teleconference</p> <p>Type: Informal</p>			

Action Items from District Consumer and Community Council Meetings

Meeting Date	Item	Action	Who	Status
12 Dec 19	7	<i>SB to follow-up with Media and Communications regarding a standing spot in The Pulse.</i>	SB	Pending
	12	<i>SB to develop a methodology paper, outlining the approach to the Innovative Projects Recognised by the DCCC event.</i>	SB	Pending
12 Mar 20	5	<i>Contact SB to express interest in PRMs.</i>	DCCC	Complete
	7	<i>Quality and Safety Board Committee representative nominees send their expression of interest to SB for voting at the next meeting.</i>	DCCC	Complete
	8	<i>SB to follow up with the Disability Strategy Unit regarding terminology and follow-up with KS on appropriate language in the drug and alcohol space.</i>	SB	Emailed 18/3/19 Complete
		<i>SB to follow-up with Tim Croft to see if he would like to attend an informal DCCC meeting, perhaps with Gary from Drug and Alcohol.</i>	SB	Complete. Added to agenda drafting list.
9	<i>Send co-chair nominations to SB for voting at the next meeting.</i>	DCCC	Complete	
7 Apr 20	4	<i>Send out link to The Recovery College courses on mental health and COVID-19.</i>	SB	Complete
	5	<i>Follow-up on how pharmacy outpatients safely receive their medication.</i>	KO	Email sent 7/4/20
	7	<i>Consumers to send through any additional answers to the aspiration questions, which will be compiled and shared with SESLHD decision makers.</i>	DCCC	
	10	<i>A tailored DCCC Annual survey will be developed.</i>	CPU & co-chairs	Added to agenda drafting list.
	11	<i>Follow-up with Alcohol and Other Drugs (AOD) meeting with the Ministry of Health to determine the wording for an AOD question for the Diversity Survey.</i>	KB	