

MINUTES
19 March 2019 – 10:00am – 12:00am
The Training Room
The Albion Centre, Surry Hills

Part A	Item 1	<p>MEETING OPENING – 10.01am</p> <p>1.1 Acknowledgement of Country</p> <ul style="list-style-type: none"> • Acknowledgement of Country was given by KB. <p>1.2 Apologies:</p> <ul style="list-style-type: none"> • CO, Director of Allied Health, SESLHD • DP, Acting Chief Executive, SESLHD • GC, Prince of Wales/Sydney Eye Hospital Consumer • GO, BCPC Consumer • GM, St George/Sutherland Mental Health Consumer • GR, Associate Medical Director, SESLHD • JD, Director Planning, Population Health and Equity, SESLHD • KBr, Director of Clinical Governance, SESLHD • KO, Director, Nursing and Midwifery Services • KS, Drug and Alcohol Services Consumer • MR, Eastern Suburbs Mental Health Consumer • PL, Sutherland Hospital Consumer • SO, The Albion Centre Consumer • SR, The Royal Women Hospital Consumer <p>1.3 Present:</p> <ul style="list-style-type: none"> • AJ, Manager, Community Partnerships Unit • CF, War Memorial Hospital Consumer • CW, Eastern Suburbs Mental Health Consumer • DM, Consumer/Community Representative • DN, HIV Outreach Team Consumer • GL, St George Hospital Consumer • HM, Consumer/Community Representative • HMi, Prince of Wales/Sydney Eye Hospital Consumer • JR, Consumer/Community Representative • JW, The Royal Hospital for Women Consumer • MM, Consumer/Community Representative • RL, Eastern Suburbs Mental Health Consumer • RN, HIV Outreach Team Consumer • SM, Sutherland Hospital Consumer <p>Guests:</p> <ul style="list-style-type: none"> • JR, Peer Educator and Youth Advisor • RJ, Peer Educator and Youth Advisor • SS, Youth Health Program Manager, Priority Populations Unit <p>Chair:</p> <ul style="list-style-type: none"> • KB, Consumer/Community Representative <p>Minutes:</p> <ul style="list-style-type: none"> • SB, Engagement and Support Officer, CPU
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	<p>Item 2</p>	<p>Approval of Minutes JW had an amendment to Item 4. Minutes changed to, "A half day engagement and brainstorming session <i>will be held</i> in April". Minutes of the DCCC Formal Meeting held Thursday 21 February were approved, as moved by HM and seconded by JW.</p>
	<p>Item 3</p>	<p>Declaration of Conflict of Interest: Nil</p>
<p>Part B</p>	<p>Standing Items</p>	
	<p>Item 4</p>	<p>CAC Presentation: Prince of Wales, Sydney/Sydney Eye Hospitals - HMI The following comments were noted:</p> <ul style="list-style-type: none"> • Initially created so that Sydney Eye and Prince of Wales Hospitals could engage with the local community and improve health service provision, the CAC has since evolved to become a strategic partner, integral to decision making. • New members are required to join a facility committee such as The Patient Safety Committee, The Medication Safety Committee, The Falls Prevention Committee, The Infections Prevention Committee, The Food and Nutrition Committee, or an external committee such as the DCCC or Randwick Campus Redevelopment Committee, in order to provide feedback at their CAC meeting each month. • They have an annual Business/Action Plan, which operates in line with the guidelines and framework of Standard 2, and also a new Charter and recently revised Position Description. • As of January 2018, the CAC doubled its membership to 14 and because the majority have been consumers for at least 10 years, there have been some challenges trying to maximize the knowledge of more experienced consumers while also recognizing the fresh perspective of new ones. • The majority of the members have completed the HCNSW Consumer training. • Implemented at Sydney/Sydney Eye Hospital, Patient Opinion has been an effective medium which enables patients to share their experiences and receive a timely response from staff. In 2018, it received an award for the number of stories received and responses provided, and it has since been expanded to all of the facilities in the District. • The CAC was heavily involved in the accreditation process and also the Randwick Campus Redevelopment Committee. • The Wayfinding Committee has encountered a huge challenge in the facility signage because the floor levels change from one end of the hospital to the other. Feedback from the CAC consumers has made the signage clearer, electronic kiosks have been installed, and considerations for people with vision impairment has changed the colour of signage. • JW queried whether the Barker Street sign had been addressed at the Wayfinding Committee and had offered to follow up with the Randwick Redevelopment Committee.
<p>Part C</p>	<p>New Business</p>	

	<p>Item 5</p>	<p>Youth Health in SESLHD – SESLHD Youth Health</p> <p>Youth Health discussed what their peer workers do and how they endeavour to enhance the youth friendliness of SESLHD services.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • The Youth Health Program sits within the Priority Populations Unit and SS, who is part-time, is solely responsible for implementing the state-wide youth framework at District level. • The Peer Education Youth Advisory Committee (PEYAC) has 10 diverse members aged 17-25 who receive training in sexual health, alcohol and drug harm reduction, and Youth Mental Health First Aid. • The Youth Peer Educators engage in health promotion activities and youth consultations across SESLHD, such as reviewing services, providing feedback, developing resources, developing programs, doing presentations, and providing peer education. • In their advisory role, the youth workers can undertake a Youth Audit or Consultation which analyses services against a 25 question checklist, or they can do a one-on-one consultations on printed materials or facility environments. • Some considerations important to youth are the hours of operation, how well staff are trained in engaging with youth, flexible arrangements for appointments, and how young people are involved in service plans. • DN mentioned that the HIV service could benefit from a youth voice and was informed that they can do an audit of how youth friendly it is. • Meeting regularly, about twice per month, the committee welcomes guests to attend and present. • Although schools may be difficult to engage with, the youth find creative solutions to engage with that target audience. • HM suggested that new arrivals can be isolated and perhaps English schools, in addition to community groups and councils, would be relevant partners. • The Randwick Campus Redevelopment has consulted with Youth Health at one of their meetings in order to obtain their point of view. • The committee is relatively new and currently promote themselves mostly by word of mouth, and through social networks. • The facility CAC's would be very interested in consulting or partnering with youth but are not sure how to approach the younger generations. • In terms of creating partnerships, KB queried whether committees and councils are conducive for youth and SS said that youth on the committee have been operating within a more formal meeting structure successfully but also use technology to communicate, such as Facebook. • As a possible suggested partnership, CF suggested a mentorship, or exchange of learnings. <p>ACTION DCCC representative(s) attend a Peer Education Youth Advisory Committee meeting.</p> <p>SB to distribute Youth Health presentation, and the SESLHD Peer Education & Youth Advisory Committee's Youth Friendly Checklist for Health Services.</p>
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	Item 6	Health Navigation Brainstorm As a key priority in the Annual Plan, the DCCC members brainstormed one of the Health Navigation priorities which is “Comfort and confidence in asking health providers questions”. ACTION SB to circulate brainstorm notes for additional feedback.
	Item 7	Business Without Notice Nil
Part D	Meeting Close 11:06am	
	Item 8	Next Meeting Date: Thursday 18 April 2019 Time: 11:00am-1:00pm Venue: The Claffy Theatre Room Type: Formal

Action Items from District Consumer and Community Council Meetings

Meeting Date	Item	Action	Who	Status
21 May 18	7	<i>Begin compiling a list of small win programs/initiatives the DCCC could undertake, such as “Hello my name is...”.</i>	SB	List added to the end of the complete list of Annual Plan ideas. Established
15 Jun 18	9	<i>CPU to establish a Terms of Reference (for the Data Subcommittee), send out an Expression of Interest, and collect nominations for 2 members to be selected by next formal meeting.</i>	CPU	Data Subcommittee idea will be modified to instead support 2 consumers sitting on the District Clinical and Quality Council. CPU meeting with Clinical Governance to establish a training and skills checklist for those consumers. A new DCCC member will be nominated to the DCQC at the April 19 meeting.
26 Jul 18	9	<i>DCCC to advocate for the consumer engagement video to be used at their home CAC facilities.</i>	CAC Members	War Memorial has included the video in their orientation package, The Albion Centre is changing their waiting room TV’s – considering adding. Video was mentioned at the Feb 19 CAC meeting for the secretariats to promote.
13 Aug 18	5a	<i>2 surveys to be issued concentrating on role in DCCC to identify training needs and gaps.</i>	SJ	2 nd survey to self-evaluate competencies is pending with Health Consumers NSW for 2019.
	6	<i>Looking to establish a working group of 4-5 DCCC consumers to work with iiHub. An</i>	SB	Ad hoc expressions of interest for projects will be

SESLHD Consumer and Community Council (DCCC) Informal Meeting



		<i>EOI will be developed.</i>		issued instead of creating a working group. CPU meeting with iiHUB to establish how DCCC can collaborate.
		<i>Bronze level training to be part of an upcoming informal DCCC Meeting.</i>		Complete
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	6	<i>SB to use the results of the survey (Health Navigation Planning Day) to inspire the logistics for the planning day.</i>	SB	Further discussion with JD to include within DCCC Meeting schedule.
	7	<i>SB to analyse the responses (Diversity Surveys) and compile a report for DCCC review.</i>	SB	Sent out with the March 19 Meeting minutes.
	8	<i>AJ to liaise with Dr Kate Charlesworth to inform her of the DCCC decision and discuss any next steps.</i>	AJ	Dr Kate Charlesworth will present at an upcoming DCCC meeting.
	9	<i>Co-chair nominations should be sent to SB within the week, along with an expression of interest to circulate prior to the vote and inform member decisions.</i>	DCCC members /SB	A new co-chair will be nominated at the April 19 meeting.
	11	<i>SB to analyse the responses (Annual Committee Review) and compile a report for DCCC review.</i>	SB	Sent out with the March 19 Meeting minutes.
	12	<i>DCQC nominations should be sent to SB within the week, along with an expression of interest to circulate prior to the vote and inform member decisions.</i>	DCCC members /SB	Ongoing
	13	<i>Send expressions of interest to SB for the HCNSW training.</i>	DCCC members	Ongoing
19 Mar 19	5	<i>DCCC representative(s) attend a Peer Education Youth Advisory Committee meeting.</i>	SB	Pending
		<i>SB to distribute Youth Health presentation, and the SESLHD Peer Education & Youth Advisory Committee's Youth Friendly Checklist for Health Services.</i>	SB	Sent out with the March 19 Meeting minutes.
	6	<i>SB to circulate (Health Navigation) brainstorm notes for additional feedback.</i>	SB	Sent out with the March 19 Meeting minutes.