

MINUTES
21 May 2019 – 10:00am – 12:00am
The Claffy Lecture Theatre
Sydney/Sydney Eye Hospital

Part A	Item 1	MEETING OPENING – 10:00am
	1.1	<p>Acknowledgement of Country</p> <ul style="list-style-type: none"> Acknowledgement of Country was given by KB.
	1.2	<p>Apologies:</p> <ul style="list-style-type: none"> CO, Director of Allied Health, SESLHD DN, HIV Outreach Team Consumer EF, headspace Bondi Junction Consumer GO, BCPC Consumer GL, St George Hospital 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 RN, HIV Outreach Team Consumer SO, The Albion Centre Consumer TW, Chief Executive, SESLHD
	1.3	<p>Present:</p> <ul style="list-style-type: none"> AJ, Manager, Community Partnerships Unit AS, headspace Bondi Junction Consumer CF, War Memorial Hospital Consumer CW, Eastern Suburbs Mental Health Consumer DM, Consumer/Community Representative 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 PL, Sutherland Hospital Consumer RL, Eastern Suburbs Mental Health Consumer SM, Sutherland Hospital Consumer SR, The Royal Women Hospital Consumer <p>Guests:</p> <ul style="list-style-type: none"> KC, Environmental Sustainability Lead, SESLHD <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 Formal Meeting held 18 April 2019 were approved, as moved by PL and seconded by HMi.</p>
	Item 3	<p>Declaration of Conflict of Interest: Nil</p>

Part B	Standing Items	
	Item 4	<p>CAC Presentation: Sutherland Hospital - PL</p> <ul style="list-style-type: none"> • Sutherland Hospital opened its doors in 1958 as a result of community lobbying and fund raising following the war • It has strong community involvement and a large, 700 person volunteer base that have also contributed to the CAC membership • PL has been on the CAC for over 10 years, which he recently received a certificate for in honor of the occasion, and has seen five different GM's and four secretariats come and go in that time • The CAC was not performing well in the first 5-6 years and no one wanted to be chair so, PL took it on 5 years ago and has been chair ever since • The average consumer is in their early 50's, and they have representation from individuals with a disability, from Aboriginal and/or Torres Strait Island background, lived experience of mental health, and gender diversity • The CAC meets 11 times per year for 2 hours, regularly meets quorums, has a full 12-person membership as per the Charter, and invites experts in as guest speakers to discuss areas of interest • CAC members have recently partnered with staff members to do patient surveys in the hospital and a Performance Assessment done last year demonstrated that the committee is doing well • Members consulted on the Sutherland Hospital Strategic Plan, contributing their extensive knowledge of the hospital and community • GM is the last and most recent recruit to the committee • SR asked if a heavily involved community makes a difference and PL pointed out that many of the staff are also residents, which unifies them and creates a strong sense of shared community interests • Youth are not well represented on the committee and although PL went to high schools to promote their engagement, it is likely that the meeting times are not conducive to their participation • The general issue of Aboriginal and/or Torres Strait Island representation was discussed. It was acknowledged that Aboriginal and/or Torres Strait Islander peoples may not feel our committee meetings are a safe or comfortable environment. Other mechanisms of communication and engagement need to be explored • AJ discussed how the Aboriginal Health Manager has been invited to the DCCC to discuss the outcomes of the work he is doing in community engagement and the DCCC remains an open door to members of Aboriginal and Torres Strait Islander community, and regularly checking in with the Aboriginal Health Manager will be important
Part C	New Business	

<p>Item 5</p>	<p>SESLHD Vision/Purpose Statement – KC KC, the Environmental Sustainability Lead for SESLHD, presented on the health impacts of climate change. The following comments were noted:</p> <ul style="list-style-type: none"> • Climate change is a health issue and an issue of social justice and health inequity because those people that contribute the least to carbon emissions, mostly developing and poor countries, are affected the most • The main argument is to improve health, save money and save carbon • Health Systems climate risk includes both the <i>physical risk</i>, such as extreme weather events, and the <i>transition risk</i>, which is created from moving to low carbon economies, companies, and organisations • The public hospital health sector has a huge carbon footprint, and Pharmaceuticals account for approximately 20% due to the chemically intensive production and carbon intense manufacturing processes • An argument in support of community services and caring for people within their homes is to reduce hospital waste and according to Healthshare, their biggest carbon footprint is attributable to food waste • “My Food Choices” is an evolution in food ordering that narrows the food ordering window to reduce unwanted food and composts what is not consumed • Front line staff at The Royal Hospital for Women rejected Healthshare’s water bottle service and negotiated the use of water jugs instead • There is a commitment from NSW Health to achieve a Net Zero carbon production by 2050, quickly shifting the legal and political spaces • Changes to the SESLHD Purpose statement to promote environmental sustainability was deemed vague and to not overtly promote the environment • JW remarked that the “best possible compassionate care” should be changed to “best care” • JR suggested that using the term “better” in the Australian Government Department of Health’s Vision Statement implies continual improvement and including that term, along with “sustainable” in SESLHD’s statement would be appropriate • The change to the vision statement, “Healthier Lives, exceptional care”, was endorsed <p>ACTION 1 CPU, KC and JW to draft 3 or 4 examples and the consumers vote on a Vision statement at the next formal meeting to recommend to the Executive Team.</p> <p>ACTION 2 SB to send out an invitation to the SESLHD Environmental Sustainability Plan June launch.</p>
<p>Item 6</p>	<p>Patient Experience Symposium Feedback CF, who represented SESLHD at the Symposium this year, remarked that she felt privileged to attend and discussed her experience of the two day event.</p> <ul style="list-style-type: none"> • Some of the topics this year included communication and health literacy, mental health, maternity care, end of life care, data collection, regional care, consumer empowerment, and aged care • Minister of Health Brad Hazzard opened the Symposium and introduced this year’s theme, which was person-centred care, along with a new portfolio, Minister for Customer Service

		<ul style="list-style-type: none"> • SR queried how many sessions were led by consumers and CF felt that there more presentations by consumers last year • SB thought that there were fewer co-designed projects this year but that the standouts were a co-designed burn survivor program and a patient-led hospital handover • AJ argued that the Symposium projects were not as consumer-led as previous years and the emphasis was on patient reported outcome and experience measures, which attracted a lot of technical sessions • NSW is the first state to roll out a systems level implementation of Patient Reported Measures and it will be relevant to the DCCC’s work
	<p>Item 7</p>	<p>Annual Plan: World Café The World Café will give the DCCC the opportunity to hear about exemplary person-centred and health navigation projects or programs in the District that they can support, promote, and provide feedback to. The following comments were noted:</p> <ul style="list-style-type: none"> • To inform the discussion and voting process, a stamp card can be created to use at each station to make notes and to rate projects • Using a democratic process, five projects/programs will be approached to take part in the event, which will be promoted as a prestigious opportunity to build the status of the DCCC, while also providing ideas to further the person-centred care and health navigation objectives • The Café will take place during an Informal meeting but be extended to 3 hours to allow for de-briefing and voting • CF suggested that last year’s TIIC project and program winners as a place to find potential guests • SR mentioned that the Innovation and Improvement Awards is an avenue for exemplary initiatives, such as the Sutherland Physio program using dance to encourage exercise in elderly patients • A short list, with one page outlines, will be presented at a DCCC meeting to choose the top 5 • Participating projects with a vested interest in obtaining feedback to enhance their consumer engagement will be prioritised • The intended World Café outcome is to establish recommendations to either test initiatives in different environments, scale projects up or encouraging those that haven’t applied to submit an awards application • Another potential avenue to is seek a consumer category in the iiHub Innovation and Improvement and TIIC awards <p>ACTION 3 DCCC to send through suggested projects or programs promoting person-centred care or health navigation as potential to include in the World Café.</p> <p>ACTION 4 SB to follow up with Dan Shaw at iiHub regarding a Consumer Choice Award within their existing award framework.</p>
	<p>Item 8</p>	<p>Business Without Notice ACTION 5 DCCC to consider the upcoming opportunities to present; The Albion Centre DCCC Roadshow and the Youth Health meeting.</p>
<p>Part D</p>	<p>Meeting Close 11:06am</p>	
	<p>Item 9</p>	<p>Next Meeting Date: 27th June 2019 Time: 1:00pm-3:00pm Venue: The Claffy Theatre Room Type: Formal</p>

Action Items from District Consumer and Community Council Meetings

Meeting Date	Item	Action	Who	Status
13 Aug 18	5a	2 surveys to be issued concentrating on role in DCCC to identify training needs and gaps.	SJ	2 nd survey to self-evaluate competencies has been sent out and results will be compiled May 27 th .
	6	Looking to establish a working group of 4-5 DCCC consumers to work with iiHub. An EOI will be developed. <i>21 May 19 Item 7: SB to follow up with Dan Shaw at iiHub regarding creating a Consumer Choice Award within their existing award framework.</i>	SB	Ad hoc expressions of interest for projects will be issued instead of creating a working group. CPU meeting with iiHUB to establish how DCCC can collaborate.
18 Sep 18	1	SB to distribute information on the Remedy Project and End of Life Care (EOLC) Plan EOI for consumer representation to DCCC.	SB	Collaborating with GR and CAC leaders to involve consumers in facility meetings for 2019. <i>Sutherland EOLC requesting funding from GM for Paid Participation.</i>
21 Feb 19	6	SB to use the results of the survey (Health Navigation Planning Day) to inspire the logistics for the planning day.	SB	Discussion with JD to include within DCCC Meeting schedule. <i>Complete. World Café will replace a planning day.</i>
	8	AJ to liaise with Dr Kate Charlesworth to inform her of the DCCC decision and discuss any next steps.	AJ	Dr Kate Charlesworth will present at an upcoming DCCC meeting. <i>Kate invited the DCCC to the Launch of the plan and to collaborate in future. Complete.</i>
	13	Send expressions of interest to SB for the HCNSW training.	DCCC members	Ongoing
19 Mar 19	5	DCCC representative(s) attend a Peer Education Youth Advisory Committee meeting.	SB	<i>Youth Health invited the DCCC to attend their June 11th meeting. Expression of Interest sent out for DCCC to present.</i>
21 May 19	5	CPU, KC and JW to draft 3 or 4 examples and the consumers vote on a Vision statement at the next formal meeting to recommend to the Executive Team.	CPU	Drafting statement options
		SB to send out an invitation to the SESLHD Environmental Sustainability Plan June launch.	SB	Complete. Sent with May Meeting Minutes.