MINUTES
17 Sept 2019 – 10:30am – 12:30pm
The Claffy Lecture Theatre
Sydney/Sydney Eye Hospital

Part A	Item 1	**MEETING OPENING – 10:30am**
	1.1	**Acknowledgement of Country** • Acknowledgement of Country was given by KB.
	1.2	**Apologies:** • JR, Consumer/Community Representative • KS, Drug and Alcohol Services Consumer • MR, Eastern Suburbs Mental Health Consumer • SO, The Albion Centre Consumer
	1.3	**Present:** • 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 • DN, HIV Outreach Team Consumer • EP, St George/Sutherland Mental Health Consumer • FP, Kirketon Road Consumer • GL, St George Hospital Consumer • GM, St George/Sutherland Mental Health Consumer • HM, Consumer/Community Representative • HMi, Prince of Wales/Sydney Eye Hospital Consumer • JR, HIV Outreach Team Consumer • JW, The Royal Hospital for Women Consumer • MM, Consumer/Community Representative • PL, Sutherland Hospital Consumer • SM, Sutherland Hospital Consumer • SR, The Royal Women Hospital Consumer **Chairs:** • KB, Consumer/Community Representative • GC, Prince of Wales/Sydney Eye Hospitals Consumer **Minutes:** • SB, Engagement and Support Officer, CPU
	Item 2	**Approval of Minutes** Minutes of the DCCC Formal Meeting held 15 August 2019 were approved, as moved by MM and seconded by HMi.
	Item 3	**Declaration of Conflict of Interest**: Nil
Part B	**Standing Items**	

	Item 4	**CAC Presentation: Kirketon Road – FP** (Annex A)
		Kirketon Road Centre (KRC), which is an integrated and targeted primary health care service in Kings Cross, has been operating since 1987 to provide free, holistic, and anonymous health care.
		The following comments were noted:
		• KRC was founded upon the philosophy of "health for all" and believe health care should be acceptable, accessible, affordable, and equitable
		• KRC was originally on Kirketon Road but retained the name when it moved to its current location
		• Although the Centre mostly operates on a walk-in basis, it is currently trailing a triage system in order to see the most urgent cases first
		• An integrated one-stop-shop, KRC offers a range of services including OAT (opioid agonist therapy), counselling, medical care, a Needle and Syringe Program, Hepatitis C treatment, trans(TEST), and community outreach
		• All are welcome at KRC but their target populations include people who inject drugs, sex workers, at risk youth, the homeless, Aboriginal and Torres Strait Islander people, men who have sex with men and LGBTQIA persons
		• The KRC Consumer Participation Group (CPG) commenced in August 2017 and co-chairing commenced with FP in August 2018
		• One of the most critical roles of the CPG is to empower the voice of the community, who have historically been marginalised and disadvantaged
		• The CPG has a "Consumer Tick" of approval, which is used for KRC publications and resources
		• The CPG have been instrumental in changing the KRC operational hours, updating the public opioid substitution treatment (OST) clinical space, revising the KRC Group Room 'Safe Space' guidelines, and advocating for a peer worker model
		• Partnerships include the Uniting Church, who run the safe injecting room, and also Wayside Chapel and NUAA (New Users and AIDS Association)
		• KB asked if volunteers are currently accepted and although they are not, FP suggested that could be explored
		• Many of the clients that attend KRC consume the readily available Milo as a meal replacement and JW queried whether a Chemist or supplier could donate something more substantial to meet their nutritional needs
		• DN suggested that the Food Bank or Oz Harvest could supply food to KRC for the people in need that attend the Centre
		ACTION 1 FP to follow-up on whether people can volunteer at KRC.
Part C	**New Business**	

	Item 5	**Teach-back – AJ & SR**
		Teach-back, which is a communication technique, was adapted into an online module for health professionals in order to improve patient care and address a gap in SESLHD's approach to health literacy.
		The following comments were noted: • Recognising the vital importance of health literacy and the lack of a dedicated coordinator or officer in SESLHD, Community Partnerships Unit (CPU) established partnerships and created an accessible online teach-back module for health professionals • The module aims to make health professionals better communicators, create supportive environments for consumers, and ensure patient comprehension, particularly in times of stress or when the health information is very complicated • The teach-back technique requires a health professional to relay information and respectfully check that key messages have been communicated appropriately by asking the patient to communicate back what they were just told • The feedback loop characterised by the teach-back technique supports person-centred learning, as diverse people require different resources to achieve understanding (e.g. through visual depictions, writing things down, using interpreters or inviting support people) • SR role played scenarios for the video resources but also provided feedback on the script and project implementation, which took place over a few months via teleconference meetings • Being a strong advocate for communication and co-design/co-production, SR found the project to be very rewarding. "Healthcare should centre on communication and active collaboration between service provider and consumer, where each is an expert in their own right". • The project has been received very well without any active promotion and is free to utilise on the Internet • HM wondered whether research had been done with consumers who don't speak English and although there is a module about using Teach-back with interpreters, research on usage has yet to commence • As a future direction, consumer-led workshops for health professionals to practice the technique could allow them to hone their skills in a safe environment with trained and professional consumers • Victoria is looking at funding a consumer teach-back module to develop their teach-back skills however, confidence and power imbalances between health professionals are possible barriers • CF suggested that the ageing, elderly and carer population would be interesting population groups to research and HMi added persons who are hearing impaired or have a disability • CF queried whether a barrier to teach-back is the extra time it takes for health professionals however as the videos demonstrate, it adds less than a minute to the consult and ensures safe and effective communication
		ACTION 2 AJ to consider consulting with the DCCC in the next steps of the project once Intellectual Property rights have been resolved.

	Item 6	**World Café: Event Name** A vote determined that the event name for the World Café will be "Innovative Health Programs Recognised by the DCCC".
	Item 7	**World Café Projects Shortlist & TIIC Projects** Three projects were submitted by the DCCC for inclusion in the World Café event and additional projects, which came from DCCC suggestions and previous TIIC (The Inspiring Ideas Challenge) award winners, were chosen to the shortlist. The following comments were noted: • The PACER project has been award-winning and so, the DCCC's contribution will need to consider and suggest other areas it might be translated or adapted • The COMAC (Communities at the Centre) project is a community-led action initiative of the CPU, which was presented earlier in the year by JD, and was successfully voted in as a project for the World Café • Red Bag, Green Bag, which targets medication safety and efficiency in hospitals, was chosen as a backup project for the event • The significance of this event is not only to share exemplary person-centred and health navigation initiatives in SESLHD but also to determine how the DCCC can add value to the future of these projects • GL suggested that projects low in cost or that create budgetary solutions to problems should be prioritised and MM added that projects which support diverse communities should be featured • Due to the limited timeline, all short-listed projects will be invited to make sure there are at least five for the event • Additional projects selected from the TIIC awards were the HOPE and ONE studies ACTION 3 SB to send shortlisted projects invitations to the Innovative Health Programs Recognised by the DCCC event.
	Item 8	**World Café Methodology** • Five projects/programs selected and provided with the selection criteria to help inform their presentations • Abstracts for the participating projects will be distributed prior to the event to help inform discussion and questions • Butchers paper with post-it notes will be used to capture real-time feedback for the projects and Feedback Cards will be used for consumers to reflect on during discussion • FP thought that the Selection Criteria Likert scale on the Feedback Cards should be modified and JW suggested that the comments section be moved to the top • After the two hour event, a one hour DCCC discussion and de-brief will occur to choose the most outstanding project and formulate ideas for our next steps such as promotion, dissemination, and/or collaboration • Although no awards will be distributed, a DCCC endorsement can be sent to the participating projects ACTION 4 SB to edit the Feedback Card based upon feedback.

	Item 9	**Annual Plan: Achievements**
		The Annual Plan is due for review at the October meeting and an updated document listing achievements to date was circulated to highlight the progress made on the co-designed objectives thus far.
		ACTION 5 DCCC to send comments on the Annual Plan 2018/2019 Achievements document to correct or add upon it.
	Item 10	**Business without notice**
		Environmental Sustainability – JW (Annex B) Sparked by the amazing work being done at the Princess Alexandria Hospital in Brisbane to step up its recycling, JW compiled a report summarising the topic. The following comments were noted: • As outlined in the Environmental Sustainability Plan, the DCCC should be kept informed, consulted and engaged on the work of its Committee • CAC members can promote sustainability at their local facility/service • The DCC could submit a recommendations report to the Board, create an award for recycling, and/or add an Environmental Sustainability objective to the 2019/2020 Annual Plan. ACTION 6 Environmental Sustainability objective added to the DCCC Annual Plan 2019/2020. **HIV STI Steering Committee – DN** • Letter from Kerry Chant was sent out to emergency department (ED) managers across the country informing them of a change to HIV testing • In response to people presenting to ED and not being tested for HIV even though they are exhibiting particular symptoms, a test would be given without consent for a specialist team to follow up with the patient • This change was made without consulting consumers and DN queried how these decisions pass without consumer consultation • It is a concern that the Ministry makes these changes without consultation or informing consumers
Part D	**Meeting Close 12:38pm**	
	Item 11	**Next Meeting** **Date:** 24 October 2019 **Time:** 1:00pm-3:00pm **Venue:** The Claffy Theatre Room **Type:** Formal

SESLHD Consumer and Community Council (DCCC) Informal Meeting

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	*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. Project applying for an extension with Executive Council.
	7	*Members to submit abstracts/projects following the approved World Café Project Methodology in order to be short-listed for inclusion.*	DCCC members	Complete. Short-list created at 20190917 Meeting.
		Members to submit suggested event names for the World Café.	DCCC members	Complete. Voted upon at 20190917 Meeting.
		SESLHD Executive leaders to be invited to attend the World Café event.	SB	Pending
15 Aug 19	4	*LW to send EOI for Quality & Safety Board Committee for DCCC members to join.*	LW	Pending
		SB to obtain hard copies of Advanced Care Directives for DCCC members.	SB	Complete. Distributed at 20190917 Meeting.
	7	*SB to contact PHN to see if they endorse the second edition of Healthcare Rights.*	SB	Pending. PHN Contacted.
		PL to raise the Charter at DCQC to ask how it will be implemented.	PL	Complete. Raised at August DCQC meeting.
17 Sep 19	4	*FP to follow-up on whether people can volunteer at KRC.*	FP	Pending
	5	*AJ to consider consulting with the DCCC in the next steps of Teach-back once IP rights have been resolved.*	AJ	Complete. Added to Agenda Drafting document
	7	*SB to send shortlisted projects invitations to the Innovative Health Programs Recognised by the DCCC event.*	SB	Pending
	8	*SB to edit the Feedback Card based upon feedback.*	SB	Pending
	9	*DCCC to send comments on the Annual Plan 2018/2019 Achievements document.*	DCCC	Complete
	10	*Environmental Sustainability objective added to the DCCC Annual Plan 2019/2020.*	SB	Complete. Added to 2019/2020 Annual Plan draft.