

MINUTES
Monday 17 December 9:30am – 11:30am
The Claffy Lecture Theatre
Sydney/Sydney Eye Hospital, 8 Macquarie Street, Sydney

Part A	Item 1	MEETING OPENING – 9:30am
	1.1	<p>Acknowledgement of Country</p> <ul style="list-style-type: none"> Acknowledgement of Country was given by ST (DCCC Co-Chair)
	1.2	<p>Apologies:</p> <ul style="list-style-type: none"> CO (Director of Allied Health, SESLHD) DP (Acting Chief Executive, SESLHD) GL (St George Hospital Consumer) GO (BCPC Consumer) HM (Consumer/Community Representative) JD (Director Planning, Population Health and Equity, SESLHD) JR (Consumer/Community Representative) KB (St George Mental Health Consumer) KBr (Director of Clinical Governance, SESLHD) KO (Director, Nursing and Midwifery Services) PB (St George Hospital Consumer)
	1.3	<p>Present:</p> <ul style="list-style-type: none"> AJ (Manager, Community Partnerships Unit) CF (War Memorial Hospital Consumer) COr (Deputy Director Planning, Population Health and Equity, SESLHD) DM (Consumer/Community Representative) DN (HIV Outreach Team Consumer) ED (Bondi Junction Headspace Consumer) GC (Prince of Wales/Sydney Eye Hospital Consumer) GR (Associate Medical Director, SESLHD) HMi (Prince of Wales/Sydney Eye Hospital Consumer) JW (The Royal Hospital for Women Consumer) KS (Drug and Alcohol Services Consumer) MM (Consumer/Community Representative) PL (Sutherland Hospital Consumer) RL (Eastern Suburbs Mental Health Consumer) RN (HIV Outreach Team Consumer) SJ (Consumer Engagement Manager, HCNSW) SM (Sutherland Hospital Consumer) SO (The Albion Centre Consumer) SR (The Royal Women Hospital Consumer) <p>Chairs:</p> <ul style="list-style-type: none"> ST (The Albion Centre 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 21 November 2018, as moved by GC and seconded by KS, were approved.</p>
	Item 3	<p>Declaration of Conflict of Interest: Nil declared</p>

Part B	Standing Items	
	Item 4	<p>CAC Presentation: Eastern Suburbs Mental Health (ESMH) - RL Following comments were noted:</p> <ul style="list-style-type: none"> • Terms of Reference was recently updated to change the chairing arrangements to a rotating co-chairing model, which is working well. • CAC values have been updated to include Respect, Hope, Empowerment, Collaboration, and Positive change. • Currently recruiting for new members to take membership to 10 consumers. • They recently participated in accreditation where the accreditors were blown away by the consumer involvement and so, the aim for the next year is to increase the links to St George and Sutherland Mental Health CACs. • The CAC uses a work plan, which is regularly updated to monitor progress and a new one will be created for the coming year. • Over the last 12 months, the CAC members have consulted on 11 projects, initiatives and policy papers including the Kiloh redesign, Kiloh Welcome Pack, mobile phone access in inpatient units, ESMH Patient Safety Program, and the Seclusion and Restraint Safety Program, which repurposed a seclusion and restraint room into a clothing wardrobe for patients that arrive with no clothing or toiletries. • Franca, the CAC secretariat, has recently left her position and Jim Conley is currently acting in the role. • A priority of the CAC is getting people with lived experience into the recruitment process, which Bondi Junction Headspace currently does for staff member interviews – ED • The Community Partnerships unit also uses this model for its recruitment process - AJ • DN asked what peer models they use and mental health has the largest network of about 50 peer workers that are on the wards with nurses.
Item 5	<p>SESLHD District Update - COr Following comments were noted for the Directorate of Planning, Population Health and Equity:</p> <ul style="list-style-type: none"> • JD is leading a place-based initiative in south Maroubra at Lexington Place, and along with the Community Partnerships Unit and Health Promotion, will develop community driven activities and priorities services in conjunction with local residents. • The overall program has 4 overarching outreach strategies, and is a multi-partnership project. – AJ. • JW suggested that flyers be distributed in the major pharmacies to ensure that there is an awareness about the HUB and AJ mentioned that there is a partnership with Walsh Chemists to collaborate with the initiative. • The Planning Unit, have been extremely busy with their very small team 	

		<p>of 4 people and they are responsible for all of the plans across the district however, they have managed to develop the Randwick Campus Plan, the St George Hospital Plan, a draft of the Sutherland Hospital Plan, and The Royal Plan alongside consumers.</p> <ul style="list-style-type: none"> • The Chief Executive (CE), Gerry Marr, retired earlier this year however, his position has yet to be recruited and although we have an acting CE, David Pearce, the election in March will complicated the recruiting process. • ST asked if the lack of a CE puts a pause on funding however, COr was not aware of effects on funding except that it brings about an unwillingness to make long term and wide ranging strategic decisions. <p>ACTION 1 – SB to distribute information about the Lexington Place HUB.</p>
	Item 6	<p>DCCC Charter Finalisation The Charter, which began review in August 2018, was accepted by the DCCC as moved by GC, seconded by ED, and agreed upon with a group consensus. The next review date is set for December 2019.</p>
	Item 7	<p>Annual Plan Update: Person-centred care and Health Navigation –SB The 2018/2019 annual plan update included an overview of the person-centred care GAP analysis for SESLHD that would be complete and circulated in the new year, and a Health Navigation workshop/planning day for 2019. The following comments on the Health Navigation Planning Day were noted:</p> <ul style="list-style-type: none"> • JW suggested that we invite members from the redevelopment committees like the one for Randwick, ST thought that fellow CAC members should be invited, and KS recommended that we invite community nurses and individuals in transport to attend. • AJ queried whether or not we should look at just 1 of the 3 Health Navigation Priorities and ED asked if we should also facilitate the day ourselves or bring in someone. • DN suggested that we segment the group into the 3 priorities and ED questioned what we will do with the guidelines or position paper that is developed and AJ added that we should not be too overambitious, creating bite-sized recommendations instead, and perhaps weave the Bronze-level training. • CF suggested that we could send out a call to the facilities to provide relevant guests to collaborate with. • SJ suggested that we make sure that we have a good understanding of what the consumer issues around navigation are and ED agreed that, while lived experience is important, data and numbers lobby for buy-in. • GR suggested a survey be sent out for DCCC members to fill out. <p>ACTION 2 – SB to send out a Survey Monkey of questions in regards to the Health Navigation planning day.</p>
Part C	New Business	

	<p>Item 8</p>	<p>2018 Highlights</p> <ul style="list-style-type: none"> • DM’s 2018 highlight/lesson came from a My Health Record event, which emphasised to him that you can’t engage with community members by talking at them and what the DCCC does really well is listen and acknowledge everyone’s opinions and views. • KS is particularly proud of Drug and Alcohol services in 2018 employing people with lived experience and the ongoing commitment to embed peer workers in the service, which is exemplified by the creation of Ministry of Health Drug and Alcohol consumer committee. • A highlight for ST was hearing and seeing recognition of the DCCC, and the positive changes we are making as a group. • JW was also pleased with where the DCCC has come and the awareness it has gained as a new Council, and in particular the bonds that have been established over creating a common goal. • The Randwick campus redevelopment CAC has also stood out in JWs mind as a highlight because she learned so much about how complex hospitals are, how much thought and process goes into planning, and how much the consumer voice has been listened to in the process. • GC mentioned that his highlight was Sydney Eye and Prince of Wales CAC doubling in membership from 7-14 very involved people, that they have established a new position description. • CF was excited to see the DCCC vision and concept come to fruition, despite immense diversity, and that it was achieved through incredible support, person-centred values, positive engagement, and co-design. • ED has enjoyed meeting the DCCC and is happy to see that consumer engagement is becoming more common-place, taking some learnings from what Headspace and Mental Health have been doing so well for so long. • Another ED highlight was at the Headspace conference this year, where over 600 clinicians came to learn, 4 young people hosted, and 1/3 of the workshops were presented by youth. • The highlight of the year for SJ was the DCCC and seeing it from a co-designed idea to a fully functioning Council. 		
<p>Part D</p>	<p>Business Without Notice SB was presented the SESLHD District Directorate Achievement and Excellence award for Excellence in Leadership, as an Emerging Leader. ED mentioned that she would be moving and this was her last meeting on the DCCC. ST wished the DCCC a Happy Holidays on his and KB’s behalf.</p>			
<p>Part E</p>	<p>Meeting Close 10:30am</p> <table border="1" data-bbox="284 1547 1525 1713"> <tr> <td data-bbox="284 1547 435 1713"> <p>Item 9</p> </td> <td data-bbox="435 1547 1525 1713"> <p>Next Meeting Date: Thursday 21 February 2019 Time: 12:00pm-2:00pm Venue: Sydney/Sydney Eye The Worrall Lecture Theatre Type: Formal</p> </td> </tr> </table>		<p>Item 9</p>	<p>Next Meeting Date: Thursday 21 February 2019 Time: 12:00pm-2:00pm Venue: Sydney/Sydney Eye The Worrall Lecture Theatre Type: Formal</p>
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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.
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.
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.
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 SJ for 2019.
	6	<i>Looking to establish a working group of 4-5 DCCC consumers to work with iiHub. An EOI will be developed.</i> <i>Bronze level training to be part of an upcoming informal DCCC Meeting.</i>	SB	Ad hoc expressions of interest for projects will be issued instead of creating a working group.
	8	<i>Status of eVoucher – for consideration with relation to above point (extra members attending meetings)</i> <i>DCCC Charter to be finalised at October 18 (formal) DCCC Meeting.</i>	SB	DCCC Charter finalised December 17 th , 2018. Complete
18 Sep 18	1	<i>S Boucher 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.
17 Dec 18	7	<i>SB to send out a Survey Monkey of questions in regards to the Health Navigation planning day.</i>	SB	SB to send out survey by 21 Dec 18, for collation in 2019. Complete