

Community Board Advisory Group

Confirmed Minutes of meeting held on

Tuesday 9 September 2014 from 2 – 4pm

RBWH, Herston

Name	Position	Attendance
Community and consumer organisations		
Helene Frayne	Arthritis Queensland, CEO	Present
Libby Dunstan	National Stroke Foundation, Queensland Coordinator	Apology
Reagan Hull	Cancer Council of Queensland	Present
Mark Tucker Evans	Council on the Ageing Queensland, CE Health Consumers Queensland, Chair	Present
Rachelle Foreman	Heart Foundation, Health Director	Present
Jennifer Egan	Diabetes Australia, Community and Primary Care Engagement Manager	Present
Mark Henley	Queensland Council of Social Services, CEO	Apology
Josie Dietrich	CanSpeak Queensland	Apology
Kim Rayner for Karyn Walsh	MICAH Projects	Present
Richard Nelson	Queensland Alliance for Mental Health	Present
Dr Peter Anderson	Asthma Foundation Queensland	Apology
Catherine Goodall	National Disability Service	Apology
Martie Eaton	Institute for Urban Indigenous Health	Present
Renee Blackman	Institute for Urban Indigenous Health	Present
Anna Voloschenko	Ethnic Communities Council Queensland	Present
Metro North Brisbane Medicare Local		
Andrew Wills	Metro North Brisbane Medicare Local, Manager Commissioning	Present
Jeff Cheverton	Metro North Brisbane Medicare Local, Deputy Chief Executive	Apology
Metro North Hospital and Health Service (MNHHS)		
Dr Margaret Steinberg	MNHHS, Board member (Board Sponsor)	Present
Mark Butterworth	MNHHS, Executive Allied Health Services (Executive Sponsor)	Present
Christine Petrie	MNHHS, Manager Community Engagement	Present
Kerrie Mahon for item 3.2& 4.1	MNHHS, Interim Chief Executive	Present
Tracey Duke for item 4.1	Project Manager	Present

Item	Details	Speaker
1	<p>Welcome and update</p> <p>Members were welcomed to the meeting. The following update was provided:</p> <ul style="list-style-type: none"> • Diane Nalatu who was instrumental in the establishment of the Community Board Advisory Group has left Metro North Hospital and Health Service (MNHHS) after accepting a position outside health. The group asked Mark Butterworth to pass on their thanks and appreciation to Diane. • Kerrie Mahon has been appointed as Acting Chief Executive until further notice. • The Executive Director Clinical Services and Executive Directors for each of the 9 clinical streams have been appointed and commenced in these positions on September 1. • RBWH underwent a periodic review for accreditation recently against the National Standards for Safety and Quality in Healthcare. Very positive feedback was received, particularly in relation to Standard 2: Partnering with consumers. • The <i>23rd Annual RBWH Healthcare Symposium - Connectivity</i> will be held from 13-17 October at RBWH Education Centre. A program will be circulated to members via email. 	Mark Butterworth
2	<p>Minutes</p> <p>Minutes of the meeting on 08/07/2014 were confirmed.</p>	All
3	<p>Business arising from previous minutes</p> <p>3.1 MNHHS children's health services update – Dr Richard Kennedy who commenced on September 1 as the Executive Director for Women's and Children's Clinical Stream will be invited to attend the next CBAG meeting to provide an update on children's services in MNHHS.</p> <p>A communications strategy is currently being developed by Children's Health Queensland regarding the transfer of services from the Royal Children's Hospital site at Herston to the new Lady Cilento Children's Hospital at the Mater. MNHHS is involved in supporting this communications strategy. Specific details such as timeframes for the transfer are still to be confirmed.</p> <p>3.2 Health Services Strategy and Board Forum 2 – Kerrie Mahon, Interim Chief Executive updated members on the progress of the Health Service Strategy. A draft discussion paper is being prepared after having input from the MNHHS Board in a workshop last week. The discussion paper incorporates suggestions arising through the first round of community consultation and there will be an</p>	<p>Mark Butterworth</p> <p>Kerrie Mahon and Mark Butterworth</p>

opportunity for further input before the Strategy is finalised by November.

Members endorsed the key emergent themes and summary of strategies presented at the July 8 meeting with minor amendments. The group welcomed having an opportunity to influence meaningful partnerships with the community sector as clinical streams are being established.

During the meeting members were presented with a proposed table categorising external stakeholder groups to assist clinical streams in identifying different stakeholders with whom they could engage and for what purpose. CBAG advised that the proposed table was too simplistic and could limit the potential of engagement opportunities. They reiterated that the focus should be on the four strategic priorities ie:

- Establish meaningful partnerships that enable innovative models of care placing patient and carer/family empowerment at the centre of care
- Focus on connecting care with a critical need for work to be undertaken with community sector in the areas of; hospital avoidance, admission, discharge and after hospital care
- Enable equity of access particularly for hard to reach populations and those with special health needs
- Implement new and innovative initiatives to improve health literacy.

Furthermore the key emergent themes about consumer and community engagement need to be addressed:

- Patient empowerment - patients', carers and families' welfare and public value will be at the centre of every decision
- Build community capacity and capability through the strategic placement of resources to sustain partnerships with community sector
- Acknowledge and address differences in communication/culture between acute sector and community sector and patients/families eg the powerlessness and vulnerability often experienced by patients and families when seeking care
- Any change in MNHHS service delivery strategies considers how it will impact the community sector.

Richard Nelson mentioned a Report of the Independent Commission on Whole Person Care produced in February 2014 for the Labour Party UK titled *One Person, One Team, One System*. He has found this report informative in its approach to achieving a shift from fragmented care to coordinated care with people at its centre. CBAG members requested that a link to the report be circulated.

Actions: CBAG to be involved in the next phase of consultation on the draft Health Service Strategy.

	<p>CBAG offering to support clinical streams in creating a solid foundation for effective consumer and community engagement.</p> <p>Communicate the strategic priorities and key emergent themes arising through consumer and community engagement activities to the wider community network. Also provide a summary of CBAG activities and achievements.</p>	
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<p>4</p>	<p>New business</p> <p>4.1 Chronic Disease Model of Care for discussion</p> <p>The intent of a demonstration project for a chronic disease model of care to be designed and trialled within MNHHS is to deliver coordinated care; to support self-management; and to keep people out of hospital unless they need to be there.</p> <p>Tracey Duke has undertaken a literature review to find best practice models of care for chronic disease from around the world. MNHHS is holding a series of workshops to identify commonalities across models and integration of concepts to develop an ideal model suited to the MN HHS context.</p> <p>Tracey provided members with an overview of best practice models. She also explained a case management trial that has been implemented at Redcliffe Hospital in partnership with Metro North Brisbane Medicare Local with patients with COPD (Chronic Obstructive Pulmonary Disease). This trial has resulted in a reduction in readmission rates within 28 days from 23% to 3%.</p> <p>CBAG members asked the following questions to be considered when planning and implementing chronic disease interventions:</p> <ul style="list-style-type: none"> • What are important considerations for an integrated model of chronic disease specific to Metro North context? • What type of patients should be considered for inclusion in the pilot or what approaches should be considered in choosing the types of patients for inclusion eg could psychosocial factors be considered as well as disease diagnoses? • What consideration has been given to the pros and cons of narrowing or broadening the scope of chronic disease model of care, that is, should it include management of people living with chronic disease as well as helping newly diagnosed and early detection or prevention? Many CBAG members gave examples of services or activities that are already being delivered in these areas. • In an ideal world, what would the model look like and what could realistically be achieved through a pilot project in Metro North? • Are there individuals, organisations and sectors beyond CBAG with whom we should engage to add value to the planning and 	<p>Kerrie Mahon and Tracey Duke</p>
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	<p>delivery of an integrated model of care? If yes, who are they?</p> <ul style="list-style-type: none"> • How does MNHHS recruit or partner with these individuals, organisations and sectors as part of the planning and delivery of the model of care? <p>Action: Members were invited to participate in one of two workshops that are being held next week. Christine will resend details about these workshops to members. Alternatively members can arrange a meeting with Tracey or provide written feedback. Christine Petrie will coordinate an opportunity to provide written feedback to Tracey following this discussion.</p> <p>4.2 Futility and community attitudes to death and dying</p> <p>The Queensland Health Clinical Senate recently hosted a consumer and community workshop to stimulate community discussion and debate about end of life care. Mark Tucker-Evans summarised key points arising through the workshop and subsequent post workshop activities in areas that need addressing. The Workshop Report (July 25 2014) titled, <i>“All Great Stories Need a Good Ending – Consumer and Clinician Perspectives on End of Life Care”</i> was circulated to members.</p> <p>At the workshop, there was agreement that while there are individual practitioners who are supporting consumers in end of life care and respecting patient choices, the current way the system addresses end of life care falls well short of consumer expectations.</p> <p>Consumers attending the workshop shared experiences about clinicians’ lack of understanding about patient preferences and cultural differences regarding decisions in end of life care. Some consumers felt abandoned when clinicians did not agree with the patients’ decisions regarding end of life. Concerns were raised about misconceptions around the limits of modern medical technology in “bringing people back to life”.</p> <p>Clinicians also shared their perspectives including a need for care integration; difficulties in prognosticating life expectancy; and legal considerations regarding current tools such as Advanced Health Directives.</p> <p>Service gaps were identified such as inconsistent access to end of life care by different patient groups. For example, cancer patients have access to end of life care but other patient groups do not.</p> <p>As an outcome of the forum, a clinician working group and a consumer working group have been established. Health Consumers Qld is leading the consumer group and providing input into a charter of care for people nearing end of life.</p>	<p>Mark Tucker-Evans</p>
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	<p>Other recommended actions arising through the workshop included:</p> <ul style="list-style-type: none"> • improving end of life care literacy and knowledge through a community engagement and public awareness campaign • investing in clinician and student clinician education and training so that they are more knowledgeable and better equipped to participate in end of life care discussions and better supported to deliver end of life care • developing integrated end of life models of care that focus on improving the service integration between primary and acute care sectors to provide seamless support to the patient and their carers. <p>Representatives from the Clinician Senate will be meeting with the Director-General and Health Minister to discuss how a consumer focussed strategy to end of life care could be rolled out across Queensland.</p> <p>CBAG members were very interested in being involved. Members stated that an “end of life alliance” had been established by Palliative Care Qld to connect up different strategies but they were unsure of the progress of this group. All members agreed that this is an important issue to progress and were pleased to hear that there is debate occurring.</p> <p>4.3 Opportunities for members to generate agenda items for CBAG</p> <p>Members agreed to use a social media platform such as <i>Yammer</i> to communicate between meetings for raising and discussing issues and suggesting agenda items for meetings. Christine will set this up. It was agreed that the focus of the next meeting should be the update on children’s health services and update from Metro North Brisbane Medicare Local about what is happening in relation to Primary Health Networks.</p> <p>Action: Create a closed social networking group for CBAG members using Yammer (when it becomes available to people working outside Queensland Health).</p> <p>4.4 Appointment of clinical director, clinical stream leads, director communications and engagement</p> <p>Mark Butterworth advised that Dr Elizabeth Whiting has been appointed to the new position of Executive Director Clinical Services from September 1. He announced that the clinical streams also commenced on this date and that CBAG would be introduced to the Executive Directors of clinical streams over the coming months. He advised that Dr Richard Kennedy, Executive Director of Women’s and Children’s clinical stream would be invited to the November meeting to discuss children’s services.</p>	<p>Mark Butterworth and Christine Petrie</p> <p>Mark Butterworth</p>
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	<p>4.5 Communicating CBAG activities with wider consumer and community network</p> <p>Mark Butterworth sought CBAG members' ideas about how we could engage consumers and community in development and review of policies and procedures. He explained that we had not sent all requests for input to CBAG so as not to overload the group and we were seeking advice about how we could approach the larger group of 80+ consumer organisations to provide input into policies and procedures. One policy had been circulated regarding car parking and some members found this irrelevant while others said it was of interest. While there was no recommendation made at the meeting, everyone agreed that engagement processes for policies and procedures needs to be addressed and that CBAG should not be the only forum invited to contribute.</p> <p>Members were asked if meeting minutes could be shared on MNHHS website to inform consumers, consumer and community organisations, staff and the public about issues being considered and discussed by CBAG. The group agreed this is a good idea and suggested that this process commence with the minutes of this meeting rather than in retrospect. It was suggested that a summary of CBAG activity, during the first 12 months of operation, is prepared in lieu of posting all the previous minutes.</p> <p>Action: A summary of Board Community Engagement Forums and CBAG discussions and activities will be prepared and shared with the broader network of consumer and community organisations with whom the HHS is engaged. Future meeting minutes from CBAG will be shared with others on the MNHHS website.</p>	<p>Mark Butterworth and Christine Petrie</p>
<p>5</p>	<p>Close and thank you</p>	<p>Mark Butterworth</p>

Meeting Closed: 4:00 pm

Next Meeting: Tuesday 11 November 2014

Actions/items for forwarding

Item No.	Meeting Date	Actions carried over	Responsibility
4.1	9/9/14	<p>Chronic disease model of care</p> <p>Members were invited to participate in one of two workshops that are being held next week. Christine will resend details about these workshops to members. Alternatively members can arrange a meeting with Tracey or provide written feedback. Christine Petrie will coordinate an opportunity to provide written feedback to Tracey</p>	All

Item No.	Meeting Date	Actions carried over	Responsibility
		following this discussion.	
4.3	9/9/14	<p>Opportunities for members to generate agenda items for CBAG</p> <p>Create a closed social networking group for CBAG members using Yammer when available for people working outside Qld Health.</p>	CP
4.5	9/9/14	<p>Communicating CBAG activities</p> <p>A summary of Board Community Engagement Forums and CBAG discussions and activities will be prepared and shared with the broader network of consumer and community organisations with whom the HHS is engaged. Future meeting minutes from CBAG will be shared with others on the MNHHS website.</p>	CP
1	8/7/14	<p>Progressing key emergent themes and strategies for meaningful consumer and community engagement</p> <p>CBAG to be involved in the next phase of consultation on the draft Health Service Strategy.</p> <p>CBAG offering to support clinical streams in creating a solid foundation for effective consumer and community engagement.</p> <p>Communicate the strategic priorities and key emergent themes arising through consumer and community engagement activities to the wider community network. Also provide a summary of CBAG activities and achievements.</p>	All
3	8/7/14	<p>Children's health services – update</p> <p>Dr Richard Kennedy who commenced on 1 September as the Executive Director for Women's and Children's Clinical Stream will be invited to attend the next CBAG meeting to provide an update on children's services in MNHHS.</p>	MBu
1	18/3/14	<p>Leadership values (Metro North Clinical Council)</p> <p>MBu noted input from CBAG into leadership values developed by Metro North Clinical Council. He explained that this input will be valuable to the Council when they return to this work. This will remain on hold as an action item.</p>	CP
2	18/3/14	<p>Health indicators data</p> <p>a. Mark Butterworth advised that the Chief Executive presented the Health Indicators Data at the quarterly HHSs Chief Executives meeting and it was well received. There are no further action items at this stage. However Mark to escalate to Chief Executive again for consideration at the next meeting and suggest if trending and tracking of data can occur in the future.</p>	All

		<ul style="list-style-type: none">b. Peter Anderson commented that currently the HHSs are focused on local issues and it's not clear who is focused on statewide matters which suggests a possible gap.c. Rachelle Foreman suggested that the upcoming Chief Health Officer Report (due for release in November 2014) can be a data source for the future and needs confirmation if the data will include breakdown by HHSs.	
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