



Community Board Advisory Group Meeting

UNCONFIRMED MINUTES for 28 September 2017 | 12:30 – 2.30PM

Clinical Skills Development Centre
Block 6, Level 5, Conference Room 2
Royal Brisbane & Women's Hospital
Corner of Herston Rd and Bowen Bridge Rd

1. Membership

Name	Organisation	Attendance
Rachelle Foreman	Heart Foundation (Chair)	Present
Kelcie Howard	National Stroke Foundation	Apology
Mark Tucker-Evans	Council on the Ageing Queensland and Health Consumers Queensland and Health Consumers Queensland	Apology
Kim Rayner	MICAH Projects	Apology
Sue Pope	Queensland Alliance for Mental Health	Present
Sherryn Davies	Cancer Council Queensland	Present
Lyn Hamill	Diabetes Queensland	Present
Dr Peter Anderson	Asthma Foundation Queensland	Present
Helen Quelch	Institute for Urban Indigenous Health	Present
Anna Voloschenko	Ethnic Communities Council Queensland	Present
Martin Milne	Brisbane North PHN	Present
Naomi Laauli	Brisbane North PHN	Proxy – Amy Petrocy
Josie Dietrich	CanSpeak Queensland	Present
Paula Herlihen	Arthritis Queensland	Present
Mark Henley	Queensland Council of Social Services	Apology
Michelle Moss	Queenslanders with Disability Network	Proxy - Olivia Spadina
Leah Hardiman	Maternity Choices Australia	Present
Metro North Hospital and Health Service		
Dr Elizabeth Whiting	Executive Director Clinical Services	Present
Dr Margaret Steinberg	Board member (Board Sponsor)	Present
Prof. Helen Edwards	Board member	Present
Prof. Mary Louise Fleming	Board member	Present
Colleen Jen	Executive Director Health Service Strategy and Planning	Present
Shelley Kulperger	Manager Consumer and Community Engagement	Present
Rachel Latimore	Senior Engagement Advisor	Present

Invited guests

Name	Organisation	Attendance
Don Matheson	General Manager Brisbane North and Moreton Bay Health Care Alliance	Present
Ben Thomson	CEO of Moreton ATICHS	Present

2. Welcome and introductions

Agenda item	Particulars	Action Arising Person Responsible Time frame
2.1	<p>Introductions, welcome and update</p> <p>The Chair welcomed everyone including guest presenters Ben Thomson from Institute for Urban Indigenous Health and Don Matheson from Brisbane North and Moreton Bay Health Care Alliance.</p>	Rachelle Foreman

3. Confirmation of previous meeting minutes

Agenda item	Particulars	Action Arising Person Responsible Time frame
3.1	<p>Minutes</p> <p>Minutes of the meeting held on 11/05/2017 were confirmed as a true and accurate record. Minutes will be shared via the new Metro North website https://www.health.qld.gov.au/metronorth/get-involved/advisory/default.asp</p>	Members in attendance

4. Business arising for discussion

Agenda item	Particulars	Action Arising Person Responsible Time frame
4.1	<p>Colleen advised the Refreshed Health Service Strategy 2016-2020 was endorsed by Metro North Board and thanked CBAG for their contribution and support to set the direction of the Strategy. There is a freeze on Metro North publications until the end of the month. The Strategy will be available at that time.</p> <p>Lyn (Diabetes Queensland) offered to share HHS and PHN level data from <i>My Health for Life</i> as one action highlighted to support living healthy and well in our local communities.</p>	<p>Colleen Jen</p> <p>Lyn Hamill to follow up with Colleen about sharing data from <i>My Health for Life</i></p>

5. New business

Agenda item	Particulars	Action Arising Person Responsible Time frame
5.1	<p>Health Alliance Update</p> <p>Don presented the Health Alliance which is an innovative partnership between Metro North and Brisbane North PHN that commenced in Jan 2017. The Alliance aims to establish 'neutral ground' as the basis for decentralised commissioning of integrated services that will enable all parts of the sector to come together with a shared understanding of problems and development of solutions, while keeping patients at the centre. The Alliance has direction and support from state and commonwealth departments.</p> <p>The three Alliance priorities determined by its Board are:</p> <ul style="list-style-type: none"> • Frail older people • Emergency Department frequent presenters • Children of Caboolture <p>Emergency Department frequent presenters (RBWH) is the most advanced priority. Initial meetings have been held to determine the main issues and needs of the group in order to develop a shared solution to the problem and to extend the model developed at RBWH in</p>	Don Matheson

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	<p>partnership with Micah, PHN and Footprints. Definition of frequent presenters is people who present at ED's four or five times over six months and could avoid ED. This definition excludes regular patients such as cancer or terminal who cannot or should not avoid ED presentation; it is focused on people with high psychosocial needs. There are about 100 people per year, or two per week, who have been flagged as fitting the criteria. Those who frequently present at RBWH ED are likely to frequently present to other EDs and health services. Funding is a system problem as it is fragmented, focused on volumes and activity, episodes and setting based, and not incentivising continuity of patient-centred care or outcomes. The initiative will pool funding and resources for the good of patients and the system and work more closely with providers to support long term solutions to local needs. Work will continue to progress into 2018 and 2019 and will be reviewed in 2019.</p> <p>The issues of addressing culturally and linguistically diverse (CALD) or Aboriginal and Torres Strait Islander ED frequent presenters were highlighted. IUIH advised Aboriginal and Torres Strait Islander patients represent a small cohort and IUIH is involved in the ED Frequent Presenters initiative.</p> <p>Price-Waterhouse Cooper is undertaking a data landscape activity as part of the Alliance to review and determine a common data model and governance. Information is an enabler across the system to help patients, practices and hospitals to provide the right care at the right place and right time.</p> <p>CBAG were invited to a workshop on 3 October.</p>	
5.2	<p>PHN health priorities for consultation</p> <p>Over two years, PHN completed a population health needs assessment which was built on through a joint health needs assessment (HNA) undertaken with MNHHS. The joint HNA provided more detailed evidence across the population and in some areas of the catchment. To confirm the priorities, PHN are reviewing the identified priorities, to ensure they are still reflective of the community needs and to further inform activity planning that will effectively address these priorities from 2018.</p> <p>Four identified priorities are:</p> <ul style="list-style-type: none"> • health promotion • potentially preventable hospitalisations • Moreton Bay North • Aboriginal and Torres Strait Islander health <p>Mental Health, suicide prevention and alcohol and other drug treatments will remain a focus for PHN.</p> <p>Amy and Martin facilitated an exercise around the four priority areas asking CBAG members "How might we --- so that...?" to identify ideas and to sharpen the focus of priority areas. Health and wellbeing came up as a strong theme.</p> <p>The PHN is holding two workshops at Herston and Caboolture and conducting an online consultation. CBAG members are asked to</p>	Martin Milne and Amy Petrocy

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	complete the online consultation and attend the upcoming workshops, 5 and 17 October if possible.	
5.3	<p>Connected Care – showcase of Institute of Urban Indigenous Health (IUIH) model and discussion</p> <p>Ben provided an overview of IUIH’s model, its evolution and some of the outcomes it was achieving with community members engaged. IUIH leads the planning, development and delivery of comprehensive primary health care services to the Aboriginal and Torres Strait Islander population of South East Queensland.</p> <p>The Institute was established in 2009 by the four Community Controlled Health Services in SEQ who came together to work with communities on the design and delivery of health services to meet the needs of the 65,000+ Indigenous population in SEQ.</p> <p>Regional network has expanded to 19 clinics with more clinics planned, based on increasing population and access rates. Clinics provide co-located services in a “one stop shop” model and offer a range of clinical services such oral health, mental health, podiatry, and chronic disease management, as well as programs for mums and bubs, family wellbeing services and intergenerational trauma-informed approaches to building health, wellbeing and strength of community. The coordinated approach also enables data to be collected, analysed and used smartly to help evaluate and plan for future services.</p> <p>Many activities aim to reach and connect with the Indigenous community, including those who don’t normally engage with unique outreach engagement approaches such as partnerships with education sectors and schools to reach kids, with sporting clubs, community champions, effective branding and events. The focus is on holistic health and well-being, life-course approach, strengths-based, family and community-centred, building connection and trust, proactive engagement and follow-through. Helen presented examples of people in the community who had benefited, including an elder with cancer who through coordinated support from IUIH accessed rehabilitation, podiatry and started to go the IUIH gym.</p>	Ben Thomson and Helen Quelch
5.4	<p>Promoting the role of NGO sector as healthcare partners with the HHS</p> <p>Martin opened a discussion on the opportunity for NGOs to partner with Metro North to achieve better patient outcomes, especially around referral to community services not operated by the HHS. The purpose was to start a conversation to identify models and ideas that could be investigated; and to set some achievable goals for better integration between NGOs and MNHHS.</p> <p>CBAG members discussed a range of practical and more systemic barriers to effective partnerships across sectors including lack of awareness of NGOs and what they offered; lack of communication and trust and ‘ownership’ of patients; referral and follow-through with clinicians in MNHHS not having knowledge of whether or not a patient was seen at the referred service or the outcome of the appointment. Working with the NGO or primary health sector was often based on relationships and the network that clinicians had built</p>	Martin Milne

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	<p>over time and trusted but was not embedded in the system.</p> <p>The group identified funding models as a critical issue i.e. timing of funding and the short funding cycle of NGO programs affect sustainability and partnerships. It was noted that partnerships needed to be collaborative and mutually beneficial.</p> <p>Martin sought examples of where it is working well, what could be improved (system barriers) and how.</p> <p>Shelley provided the example of LINK funding/projects where successful models could be applied in other areas. For example, the RBWH Neuro partnership, with Multiple Sclerosis QLD. This model depended on strong trusted relationship between the two organisations, and MS Qld having 'reach' into the RBWH, with MS Qld being able to follow a patient out of hospital and coordinate a range of social and other supports needed for the patient and family.</p> <p>Peter provided successful example of Asthma Foundation Patient Education Referral Service, a telephone service that aims to work with the referrer to achieve improved asthma control in patients by providing additional evidence-based asthma self-management education, support, coaching and goal setting. The service has mechanisms in place such as ED Discharge protocols to enable two-way connection and communication between GP, hospital and community.</p> <p>Sue Pope highlighted models in mental health such as "Collaboration in Mind" and Safe Space alternative to EDs.</p>	

6. Meeting Close and thank you

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6.1	<p>Summary of actions arising from this meeting and close meeting</p> <p>Members were thanked for their attendance.</p> <p>Summary of actions arising:</p> <ul style="list-style-type: none"> • Lyn Hamill to forward information from My Health For Life to PHN and MNHHS • CBAG members to participate in PHN health priorities review process either via the online consultation and/or workshops • The role of NGOs as healthcare partner to continue to be discussed at CBAG. 	All

Meeting Closed: 2:45pm

Next Meeting: The next meeting date is Tuesday October 31, 12:30 - 3:00pm. This will be a combined meeting with Brisbane North PHN Community Advisory Committee