
INFORMATION NOTES

INFORMAL BOARD MEETING

Date: 3.45pm-6.30pm, Monday 5 November 2018

Venue: Pindari Room South, The Shellharbour Club

ITEM 1: WELCOME

Attendance of members

Ms Jill Boehm OAM (Acting Chair); Dr Stephen Andersen OAM; Mr Roger Downs; Professor Kathy Eagar; Ms Marisa Mastroianni; Dr Rod McMahon; Dr William Pratt; Ms Carrie Schulman; Mr John Stubbs.

Others in Attendance

Ms Caroline Langston, Executive Director Integrated Care, Mental Health, Planning, Information and Performance; Ms Jasmina Jonceski, Board Secretary and Executive Officer; Ms Angela Tugrul, Assistant Board Secretary.

Present for Agenda Item 2 were:

- Mr David Reid, Drug and Alcohol Service Director
- Dr Paul Van Den Dolder, Ambulatory and Primary Health Care Director
- Dr Mark O'Connor, Director Oral Health
- Ms Julie Carter, Director Mental Health
- Ms Erin Haisley, Operations Manager Shoalhaven and Shellharbour
- Mr Adam Bryant, Operations Manager Wollongong & Specialist Community Mental Health
- Ms Natalie De Wit, Manager Information Management Unit
- Ms Faoziyah Lawal, Finance Business Manager
- Mr Curtis Gregory, Public Health Director
- Ms Amy Hains, Manager Planning and Strategic Commissioning
- Ms Kirsty Temple, Workforce Support Manager
- Ms Pauline Brown, Director Aboriginal Health Strategy
- Dr Sue Fitzpatrick, Executive Director Allied Health
- Mr Gabriel Beedles, Senior Report Developer (partial attendance)

Apologies

Professor Denis King OAM (Chair); Mr Paul Knight; Professor Bill Lovegrove AO; Mr Gerrard Sutton AO; Ms Margot Mains, Chief Executive.

ITEM 2: PRESENTATION FROM THE INTEGRATED CARE, MENTAL HEALTH, PLANNING INFORMATION AND PERFORMANCE (ICMHPIP) DIRECTORATE

The Board received the presentation on ICMHPIP directorate provided.

The Board and the Executive discussed the following matters during the presentation:

- Monthly Accountability Meeting (MAM) Dashboard– An overview of the dashboard was provided; the aim of the dashboard is to provide key indicators in line with Strategic Directions plan measures; a handout included examples of the dashboard, the measures and information on its use
- Fit For Frailty Dashboard – An overview of the dashboard to support frailty analysis was provided and includes predictive analysis; noted that the Clinical Excellence Commission (CEC) is looking to work with the District to better understand predictive analysis as their strategic plan includes measures on moving towards this type of analysis; noted key users would be Nurse Unit Managers
- Aboriginal Health Dashboard – Director Aboriginal Health Strategy noted the dashboard has been driven by the Board Aboriginal Health Committee looking to see results; available for all services and key indicators are included in MAM reports.

- Financial Support Services – The manager noted that the role and team is new and that this is the first time the portfolio has dedicated financial support
- Workforce Support Services – Noted the People Matter Employee Survey (PMES) results improvement areas; the focus on work health and safety results and improvements; leadership and engagement team culture sessions to look at ways of working and acceptable behaviour
 - The Board queried the focus on the PMES results and what areas are being targeted to ensure the District sees further results
 - Executive Director of the directorate advised the focus on is engagement with senior managers with an increase noted from the previous year except in Ambulatory and Primary Health Care; goal is for it to continue to increase and working with the Services to deliver services and programs; links noted between safety performance and appraisals
- Oral Health – Director provided an overview of the Waitlist Management Redesign project aimed at modernising the management of wait list demand; reviewed similar services and selected a Rapid Assessment model to undertake an initial assessment and set the expectation of the service or treatment within Ministry guidelines. The aim is that once resources are made available through better waitlist and appointment management, the District will be able to proactively follow up consumers appointments; Services contracted through the state-wide scheme where services are referred that cannot be delivered by the District, either within clinically recommended timelines or because the services is not provided by the District, such as dentures, which are not deemed to be cost effective
- Drug and Alcohol – Hepatitis C services and treatment has increased since the new treatment in 2016; while it is expensive, it is delivering results. Work continues with the primary health network, COORDINARE, on a health pathway, which has to date been the most accessed of the pathways available. An update was provided on the research projects within the service
- Mental Health – review of seclusion and restraint review recommendations and implementation; Ministry funding available is focused on therapeutic models of care with the District securing some funding to date; future capital planning underway in anticipation of further possible funding from the Ministry
 - Mental Health 48-hour follow up commenced in February 2018, in addition to the mandatory seven-day follow up; 58 per cent of consumers are seen in 48 hours; patients that cannot be followed up within 48 hours a welfare check is initiated
 - Psychiatrist recruitment and retention remains an issue, however Professor Peter McGeorge is supporting the service part time on secondment with the aim of assisting to fill the role permanently and put structures in place
- Aboriginal Health – The Director Aboriginal Health Strategy noted the contribution of the Board Aboriginal Health Committee and the members’ interest in pursuing Aboriginal health outcomes; advised on the Healthy Hearts Research project looking at cardiac care for the Aboriginal and Torres Strait Islander population
- Planning, Performance and Strategic Commissioning – The directorate is considering joining the planning and strategic commissioning team and the performance unit as the Health Intelligence Unit
- Allied Health – Service changes have occurred as a result of the Allied Health review; focus on implementation of recommendations in particular establishment of Allied Health Council; reviewed of staffing against Victorian benchmarks indicated that there is a District-wide staffing shortage across all disciplines; seven day per week services are physiotherapy, speech pathology and dietetics
 - The Board queried clinical outcome reporting, with the Executive Director Allied Health noting the District is working with the Agency for Clinical Innovation to consider patient related outcomes and non-reported outcome measures
 - Regarding the risk perception issues raised in the Fit For Frailty presentation in the Annual Public Meeting, the Board queried if allied health clinicians are

protecting themselves against the best interests of the patient, with the Executive Director Allied Health advising she is undertaking a literature review of risk aversion, noted a recent example of an National Disability Insurance Scheme (NDIS) patient where allied health were against patients being discharged and reviewing risk aversion District-wide throughout allied health at present; the Board queried:

- Whether any NDIS issues continue, with the Executive Director Allied Health advising real challenges with getting patients into the community and noting the good relationship with National Disability Insurance Agency (NDIA) in Illawarra
- Whether the privatisation of services in the Illawarra had an impact, with the Executive Director Allied Health advising that where the market was 'thin', for example paediatrics was a challenge, however there has generally been minimal impact
- Public Health – An example of Port Kembla Grain Terminal was provided to highlight the role of the Public Health Unit around compliance monitoring, advice and community advocacy.
 - The Board queried why the District does not take a more proactive approach in advocating and making the community aware of environmental pollutants; the Director Public Health advised on the role of the organisation and the EPA, corporate responsibility and that if NSW Health took a more leading role the private organisations would step back and would not take accountability
 - The Board discussed whether this information should be provided to the Board and public health impact and risk for the Local Health District; agreement that new and emerging issues would be reported to the Board Health Care Quality and Safety Committee in the first instance as they arise, with copy to be provided to the Audit and Risk Committee after it has been assessed by the Health Care Quality and Safety Committee
- Ambulatory and Primary Health Care – The Director provided an overview of two projects to enhance health outcomes:
 - Project SAHA, which is Arabic for 'health and wellness', aims to address the stigma of cancer affecting women within the Muslim community, with the Board shown a video published on social media to address the issue; the Board noted the video and the positive messages for the community, however raised concerns around the messaging at the end of the video that diet and exercise will prevent cancer recurring
 - A video aimed at Aboriginal and Torres Strait Islander men aged 18-35 to encourage quitting smoking was shown to the Board.

The Acting Chair thanked the Integrated Care, Mental Health, Planning, Information and Performance team for their presentations.

ACTION ITEM (33/18): The Public Health Unit will provide an initial report to the Board Health Care Quality and Safety Committee on the current matters under management to the November 2018 meeting. As any new matters arise, these will be additionally reported to the Health Care Quality Committee.

ACTION ITEM (34/18): Review the messaging at the end of the Project SAHA video around diet and exercise and cancer recurrence.

ITEM 3: CHIEF EXECUTIVE'S REPORT

The Board discussed the NSW Health League Table with Selected Performance Indicators by Local Health Districts (LHDs) and Networks included in the Chief Executive's Report and requested that in future reports that the relative comparison of the Illawarra Shoalhaven

Local Health District to other LHDs be referred to in the narrative in the Chief Executive's Report. This should include how the District benchmarks to other LHDs to provide a clearer picture of where the District sits within the NSW public health system. The Board noted that the table is often received after the meeting papers are due for distribution, however the Board suggested that this analysis be provided the following month.

ACTION ITEM (35/18): Provide monthly commentary within the Chief Executives Report to the Board on the performance of the District in the NSW Health League Table compared to other Districts.

The Board discussed general reporting and how the District reviews past year performance to consider areas that performed well and those that deteriorated so that those that need focus can be targeted and lessons learned from those performing well are applied to those that need attention.

ITEM 4: MEETING FINALISATION

Details for the next formal meeting of the Board are:

Monday 3 December 2018

2.00pm-6.00pm

Conference Rooms, Level 8, Block C, Wollongong Hospital

MEETING CLOSED AT 6.41PM.

CERTIFIED A CORRECT RECORD

Professor Denis King OAM

3 December 2018

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Date