

# TASMANIAN HEALTH CONSUMER ORGANISATION

## IMPLEMENTATION ADVISORY GROUP – MEETING 2

### MINUTES

21 November 2018, 89 Brisbane St, Hobart

**Present:** Leanne Wells (CHF), Chair, Bruce Levett (Tasmanian HCO), Klaus Baur (Flourish Tasmania), Mathew Etherington (Consumer Representative), Graeme Lynch (Heart Foundation), Kate Griggs (Consumer Representative), Anita Campbell (Consumer Representative), Darren Jiggins (Consumer representative), John Pauley (Consumer Representative), Elida Meadows (Consumer Representative).

**Apologies:** Sue Leitch (COTA), Penny Egan (Cancer Council Tasmania), Kym Goodes (TasCOSS), Simone Favelle (Carers Tasmania), Claire Hadolt (Consumer Representative).

<p><b>Item 1</b> Welcome and Introduction – Leanne Wells (Chair)</p> <p><b>Attachment:</b> Minutes of Meeting 1.</p>	<p>Introductory comments included:</p> <ul style="list-style-type: none"><li>• General introductions around the table.</li><li>• All actions from meeting 1 completed apart from Action 10 – conversations have commenced with DoH, THS, and PHT regarding building a list of potential consumer advocacy opportunities. Given the complexity of the organisations involved, it will take some time to formalise this process.</li><li>• Minutes of Meeting 1 endorsed.</li><li>• Kate Griggs highlighted that she is providing administrative support to the Executive Officer on a paid contract basis (approximately 15 hours per week) over a short term (4-month period).</li></ul>
<p><b>Item 2.</b> Stakeholder Engagement Plan</p> <p><b>Attachment:</b> Stakeholder Engagement Plan.</p> <p><b>Decision:</b> Noted and endorsed as a strategy for engagement.</p>	<p>A stakeholder engagement plan covering the first 6 months was presented including a list of stakeholders and consumers consulted during September and October was tabled for discussion:</p> <ul style="list-style-type: none"><li>• Identified a need to include representatives from across the State, particularly the North West Coast and rural Tasmania (eg Rural Alive and Well). This will occur in the next phase of consultations.</li><li>• Ensure diversity of consumers and their representative groups (eg migrants, aborigines, youth).</li><li>• Seek consumers from those who regularly use health services, occasional users through to potential users.</li><li>• The challenge is to identify consumers across all spectrums, not just those who sit behind existing organisations.</li><li>• With this later group, need to be aware of “consumer fatigue”.</li></ul>

	<p><b>Key Actions:</b></p> <ol style="list-style-type: none"> <li>1. Forward additional consumer and stakeholder groups that that could be consulted during the formative phase through the Bruce Levett or Kate Griggs.</li> </ol>
<p><b>Item 3.</b> Summary of Consultations</p> <p><b>Attachment:</b> Summary of Stakeholder and Consumer Consultations</p> <p><b>Decision:</b> Noted and endorsed findings as a broad framework for the organisation</p>	<p>A summary of the findings from consultations from the 45 individual and 4 larger groups meetings and forums.</p> <p>The results identify four possible functions for the organisation:</p> <ol style="list-style-type: none"> <li>1. advocacy</li> <li>2. coordinating</li> <li>3. capacity and capability building</li> <li>4. policy influencing</li> </ol> <p>Discussion centred around:</p> <ul style="list-style-type: none"> <li>• A comment on the initial findings from the research that was undertaken in 2016 regarding the board being skilled based and what impact this has on consumer representation on the board. <ul style="list-style-type: none"> <li>○ To this end, consumers don't have to be on the board to shape policy considerations – board members need to have the right values of the organisation. The role of the board is to keep the organisation on track and require the appropriate skill set to ensure the organisation is viable and operates within a framework defined by the constitution.</li> <li>○ There are other structured and formal avenues that can be built into the organisation that allows consumers to shape the activities and policies of the organisation.</li> </ul> </li> <li>• A challenge in bringing a consumer voice to a range of public health reforms will be how to best deal with alternative policy and service delivery approaches and special interest groups.</li> <li>• Good governance will manage those who push individual agendas and agendas contrary to that of the organisation.</li> <li>• Definition of consumer needs to incorporate the patient – carer – wider community and support network.</li> <li>• Reassurance was sought that the organisation would involve itself in preventative health policy as well as primary and acute.</li> </ul>
<p><b>Item 4.</b> Stakeholder Workshop</p> <p><b>Attachment:</b> Outline of Stakeholder Workshop</p> <p><b>Decision:</b> Endorsed as a draft program</p>	<p>A draft outline of the stakeholder workshop was tabled and discussed.</p> <p>The workshop was structured in five key sections</p> <ol style="list-style-type: none"> <li>1. Introduction and scene setting</li> <li>2. Strategic focus of the organisation</li> <li>3. Factors driving membership structure and constitution (objects)</li> </ol>

	<p>4. Short term (12 month) operational priorities 5. Summation and close</p> <p>Discussion centred around:</p> <ul style="list-style-type: none"> <li>• The workshop will need to be co-facilitated to ensure all participants can safely contribute.</li> <li>• Facilitator will need to be skilled in listening and engaging diverse groups. The focus of the workshop needs to be one of engagement and listening rather than being too heavily weighted to presentations and lectures.</li> <li>• Signal intended outcomes up front so everyone is clear on what we are trying to achieve and what their role will be during the workshop.</li> <li>• Diversity of consumer participation is critical – a challenge will be to ensure good representation of minority and marginalised groups.</li> <li>• Suggest a minimum 50:50 participation between consumers and organisational / government split.</li> <li>• Consideration on reimbursing consumers for their costs and paying for their time at the workshop.</li> <li>• Location should enable state-wide participation – ideally Campbell Town.</li> <li>• Timing mid-February confirmed, and the Tasmanian Minister Health welcomed to attend the beginning or the conclusion of the workshop.</li> <li>• A couple of possible facilitators to consider are Work Well (Andrew Hollo) and ThinkPlace (Charlie Mere).</li> </ul> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>2. Forward additional possible facilitators to Bruce Levett or Kate Griggs.</li> <li>3. Consult the Ministers Office regarding his participation and involvement.</li> <li>4. Book the Grange Reception facility in Campbell Town.</li> <li>5. Shortlist and appoint facilitator.</li> <li>6. Develop a budget for the workshop to determine what options exist to pay consumers to attend the workshop.</li> </ol>
<p><b>Item 5.</b> Risk Management Plan</p> <p><b>Attachment:</b> Draft Risk Management Plan</p> <p><b>Decision:</b> Endorsed</p>	<p>The draft Risk Management Plan was tabled and endorsed subject to the following additional risks:</p> <ul style="list-style-type: none"> <li>• Ability of the organisation to maintain full independence from political, bureaucratic or commercial interests.</li> <li>• Consumers / stakeholders miss-represent the organisation publicly by simple or ad-hoc association.</li> <li>• Lived experience advocacy not managed sensitively by the organisation or those utilising it.</li> <li>• Public statements to be backed by evidence and credibility (health practice).</li> <li>• Consumer representation not treated as tokenistic or an afterthought – impact on consumer moral.</li> </ul>

	<p><b>Actions:</b></p> <p>7. Update the Risk Management Plan based on feedback.</p>
<p><b>Item 6.</b> Consumer Reimbursement - IAG</p> <p><b>Attachment:</b> None</p>	<p>This item was discussed and endorsed given the following two principles.</p> <ul style="list-style-type: none"> <li>• Ensure equity between the paid organisational representatives on the IAG and those consumers not being paid.</li> <li>• There is a need for the organisation to demonstrate consistency between what it advocates to service providers (ie they need to pay for consumer advocacy) and with its own policies and practices.</li> </ul> <p><b>Actions:</b></p> <p>8. Develop a form and distribute to consumer representatives on the IAG to be completed covering the first two meetings.</p>
<p><b>Item 7</b> Other Business</p>	<p>The following items were briefly discussed:</p> <ul style="list-style-type: none"> <li>• A website page for the organisation has been established on the CHF website which lists IAG minutes, e-updates and relevant documents.</li> <li>• An e-update was distributed during November. Approximately 12 people have responded to the “pulse” questions to date.</li> <li>• Branding options were distributed to the IAG and the following was selected as an interim brand mark for the organisation.</li> </ul> <div style="text-align: center;">  </div> <p>It was <b>agreed</b> that the next meeting be scheduled to occur during March to follow-up the outcomes from the workshop.</p> <p>The IAG <b>agreed</b> to provide guidance and input into the workshop via email as required.</p>