This report:

– fulfils statutory reporting requirements; and
– provides operational and performance data for the 2009-10 financial year.

Contact:
Manager, Health Community Council Coordination
Office of the Director-General
147-163 Charlotte Street Brisbane Q 4000
GPO Box 48 Brisbane Q 4001
More information about Health Community Councils can be found at www.health.qld.gov.au

© The State of Queensland (Queensland Health) 2010
The Queensland Government supports and encourages the dissemination and exchange of information. However, copyright protects this material. The State of Queensland has no objection to this material being reproduced, made available online or electronically, provided it is for your personal, non-commercial use or use within your organisation, this material remains unaltered and the State of Queensland (Queensland Health) is recognised as the owner.
Inquiries for commercial use or to adapt this material should be addressed by email to HCC-Coordination@health.qld.gov.au or by mail to Manager, Health Community Council Coordination, Queensland Health, GPO Box 48, Brisbane 4001.
Dear Deputy Premier

Please accept Banana Health Community Council Annual Report for 2009-10. This report is a statutory function of the council and provides an outline of our performance during the year.

The report highlights activities against our key statutory functions of:

- undertaking community engagement about the health of, or health care for, the community;
- monitoring the quality, safety and effectiveness of public sector health services delivered in the council’s district; and
- enhancing community education about the delivery of public sector health services.

The council has now been in operation for its third year, and continues to play a role as advocates for the community. The activities of the council over the past three years have also included building partnerships between the community and Queensland Health to ensure that communities play a part in questioning, influencing, informing and attempting to improve the delivery of public health services in Banana area.

The council continues to voice its concerns regarding the inability of attracting and retaining skilled medical staff for our communities, in particular Moura and Biloela. A Biloela Medical Model in particular, was to be developed and implemented to further enhance the opportunities of attraction and retention. These positions continue to be vacant after 3 years although recently alterations of the Medical Superintendents with Right of Private Practice (MSRPP) and Medical Officers with Right of Private Practice (MORPP) positions and a number of advertising campaigns have been actioned. To date, this model has still not been fully developed or implemented. Moura continues also to struggle to fill a second position.

Challenges of attraction and retention of suitably qualified clinicians in nursing, midwifery, child health nurses, allied health and pharmacists in particular for this district is ongoing and never seems to be resolved. An immediate, timely and concentrated commitment to exploration of and implementation of ‘out of the box’ attraction and retention strategies are required now to make any impact. For example, models of attracting ‘teams’ of clinicians to a district rather than the individual or sole practitioner.

Whilst recognising and endorsing the process and the importance of credentialing, commitments need to be made to alter the processes of credentialing of clinicians. Currently each district credentials applicants rather than a State credentialing process which continues to directly impact on staffing and surely impacts on time and budgets of personnel in each district, then most importantly directly on those who require treatment.
An initiative of this community, a Medical Services Forum was held in Biloela in January 2010, where community, government and non-government service providers focused on the issues of medical services and more importantly how Biloela and Moura communities could improve the possibilities of attracting and retaining medical services. Council members attended and proactively participated in this forum.

The outcome of the forum was the formation of the Mayoral Medical Services Taskforce whereby Banana Shire Council, Queensland Health, CQRDGP and community members of Moura and Biloela have now convened on a monthly basis to attempt a process to address the above, and also identifying the need to implement ‘health plans’ for both towns. You will have received a submission from this Taskforce informing and requesting assistance for this Shire. We hope a positive outcome occurs toward this request.

In our communities, it is our experience and can be clearly demonstrated that poor attraction and retention is not just about the ‘health services’, it is also the economic impact this has on our communities.

A direct impact on retail, small and large business, large industry, agricultural and service industries to attract and retain personnel is happening right now in Banana Shire due to instabilities and inabilities of medical services being delivered. When business, individuals or companies are recruiting, access to stable sound health services is always discussed. When those services are unreliable or unavailable the possibilities of recruitment then reduces significantly.

When individuals, families and companies in this district are forced to seek medical services in larger places such as Gladstone or Rockhampton, then a domino effect occurs whereby the shopping and the recreational desires are undertaken which is happening now and which has the direct economic viability and impact on the communities such as Moura, Baralaba and Biloela.

This domino effect then must also directly affect the health service providers of both Gladstone and Rockhampton to cope too.

We continue our role within the community, working in partnership with Queensland Health and most importantly being able to attempt to bring continued improvements in the delivery of health services through our role and functions in the Banana Health Services District.

We cordially invite you as Deputy Premier and Health Minister, with the Director General, to attend in person, a full meeting of our council by the end of 2010, to meet this council and to further discuss opportunities for improvement. We look forward to your consideration of this invitation.

Yours sincerely

Di Morris
Chairperson
Banana Health Community Council
Contents

Letter of transmittal ........................................................................................................................ 3
About health community councils ................................................................................................ 6
Establishment .................................................................................................................................... 7
  Membership ................................................................................................................................. 7
  Location ...................................................................................................................................... 7
  Statutory functions ..................................................................................................................... 7
Operations ...................................................................................................................................... 9
  Meetings ..................................................................................................................................... 9
  Record keeping ........................................................................................................................... 9
  Expenditure ................................................................................................................................. 9
Community engagement .............................................................................................................. 10
Monitoring quality, safety and effectiveness ............................................................................... 11
Community education .................................................................................................................. 12
Special assignment activities ........................................................................................................ 13
Appendix A .................................................................................................................................... 14
About health community councils

Health Community Councils are a key component of the Queensland Government’s commitment to reforming the public health system and improving health service delivery for all Queenslanders.

Queensland’s 36 Health Community Councils are advisory bodies established under the provisions of Health Services Act 1991. The councils play an important role in the governance of public sector health services and work in partnership with Queensland Health.

The focus of the councils is to provide a community perspective in regards to the delivery of public sector health services in the local district. Councils do this through community engagement, community education and looking at safety, quality and effectiveness of the delivery of public sector health services within the local district.

Councils provide an opportunity for community members to participate in decision-making about health services by providing feedback about what is working well and areas for improvement. Council members facilitate community participation and contribute specialist knowledge and expertise to the delivery of public sector health services in the local district.

Queensland Health is responsible for providing administrative and funding support to councils to meet their responsibilities.
Establishment

Banana Health Community Council was established under the authority of the *Health Services Act 1991* on 9 July, 2007. Members are appointed for a term of not more than four years.

Councils ordinarily do not consist of more than eight members and, if practicable, must include at least one member who is a general practitioner. Councils must also not include more than one member who is engaged in the delivery of public sector health services in the council’s district.

Membership

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Term of appointment</th>
<th>Attendance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td>Di Morris</td>
<td>9 July 2007 – current</td>
<td>7</td>
</tr>
<tr>
<td>Council member</td>
<td>Claudia Stephenson</td>
<td>9 July 2007 – current</td>
<td>2</td>
</tr>
<tr>
<td>Council member</td>
<td>Maureen Clancy</td>
<td>9 July 2007 – current</td>
<td>3</td>
</tr>
<tr>
<td>Council member</td>
<td>Robert (David) Snell</td>
<td>9 July 2007 – current</td>
<td>5</td>
</tr>
<tr>
<td>Council member</td>
<td>Richard Tan</td>
<td>9 July 2007 – current</td>
<td>6</td>
</tr>
<tr>
<td>Council member</td>
<td>Penelope Anderson</td>
<td>9 July 2007 – current</td>
<td>5</td>
</tr>
</tbody>
</table>

* Number of meetings attended during 2009-10

<table>
<thead>
<tr>
<th>Position</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioners</td>
<td>1</td>
</tr>
<tr>
<td>Members engaged in the delivery of public sector health services in council district</td>
<td>0</td>
</tr>
</tbody>
</table>

Location

There is at least one health community council for each health service district. Banana Health Community Council is located within the Central Queensland Health Service District of Queensland Health. Refer to Appendix A for a map of health service districts.

Statutory functions

Section 28M of the *Health Services Act 1991* (the Act) prescribes that health community councils are advisory bodies having the following functions.

(a) undertaking community engagement activities about the health of, or health care for, the community, including, for example—

(i) obtaining information and feedback from users of public sector health services about public sector health service issues; and
(ii) considering planning proposals in relation to the delivery of public sector health services, and facilitating community debate and feedback on the proposals; and

(iii) advocating for users of public sector health services, so as to influence decision-making about the delivery of the services;

(b) monitoring the quality, safety and effectiveness of public sector health services delivered in the council’s district;

(c) considering and evaluating reports about the delivery of public sector health services in the council’s district;

(d) enhancing community education about the delivery of public sector health services;

(e) advising, and making recommendations to, the manager for the council’s district about the matters mentioned in paragraphs (a) to (d);

(f) giving the Minister, within 3 months after the end of each year, a written report on the performance of its other functions during the year; and

(g) performing other functions as directed by the Minister.
Operations

For the reporting period of 1 July 2009 to 30 June 2010.

Meetings

Councils should meet at least once every two months in addition to any specific meetings directed by the Minister.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council meetings held</td>
<td>8</td>
</tr>
<tr>
<td>Extra meetings held at direction of the Minister</td>
<td>0</td>
</tr>
</tbody>
</table>

Record keeping

Queensland Health is responsible for managing the records of Health Community Councils within the district and ensuring compliance with the provisions of the Public Records Act 2002 and Information Standard 40.

Expenditure

Council members are remunerated in accordance with the Queensland Government’s Remuneration Policy. Fees outlined are chairperson and members’ meeting fees and any special assignment fees. Other costs include travel allowances, motor vehicle allowances, catering, venue hire and any other costs associated with the activities of the council.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees</td>
<td>2,784.00</td>
</tr>
<tr>
<td>Other costs</td>
<td>400.00</td>
</tr>
<tr>
<td><strong>Total expenditure:</strong></td>
<td><strong>$3,184.00</strong></td>
</tr>
</tbody>
</table>
Community engagement

The Act provides that Health Community Councils undertake community engagement activities about the health of, or health care for, the community. Councils may do this through:

- obtaining and providing information and feedback to and from users of public sector health services about public sector health service issues;
- considering planning proposals in relation to the delivery of public sector health services, and facilitating community debate and feedback on the proposals; and
- advocating for users of public sector health services, so as to influence decision-making about the delivery of the services.

In 2009-10, Banana Health Community Council undertook the following community engagement activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council, with other significant stakeholders, such as Central Queensland Rural Division of General Practice, Banana Shire Council, Enterprise Biloela Association Incorporated, Moura Medical Group and Queensland Health, hosted a Health Services Forum in Biloela. The forum aimed to debate and investigate opportunities of improving medical and other health services for the district.</td>
<td>Sixty-five delegates were invited consisting of government, non-government, community group representatives and individuals. Through much deliberation and heated debate, the weekend achieved the formation of a “Mayoral Medical Services Taskforce” to lobby, investigate and initiate initiatives to improve medical services. Monthly meetings have occurred, a submission forwarded to the Minister for Health and a delegation formed to meet the Minister has been achieved. Requests for Primary Health Service Plans for Biloela and Moura have now been accepted with a position of project officer to be appointed by Queensland Health in collaboration with the community.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Other

Nil.
Monitoring quality, safety and effectiveness

The Act provides that Health Community Councils monitor the quality, safety and effectiveness of public sector health services delivered in the council’s district. Councils can do this by considering and evaluating reports about the delivery of public sector health services in the district and then advising and making recommendations to the district chief executive officer.

In 2009-10, Banana Health Community Council monitored the quality, safety and effectiveness of public sector health services through the following reports.

<table>
<thead>
<tr>
<th>Reports considered by council</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations to the district chief executive officer</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reports considered</th>
<th>Regularity</th>
<th>Feedback or recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety and Quality</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>Workplace Health and Safety</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>Activity and Finance</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
</tbody>
</table>

Other

Audit processes undertaken as community representatives. For example, a signage audit of each facility was conducted and new signs have been provided by the district.

Council lobbied for obstetrics surgical services in Biloela via the Mayoral Medical Services Taskforce and to the district chief executive officer. Inconsistency of services particularly affects Biloela then Moura and occasionally Theodore. Rockhampton Hospital also affected with extra women using their services.

The 2009 Phone Link System for pacemaker checks was requested to be set up in Banana health service facilities to reduce cost of the patient transport scheme and also provide efficiency of service for elderly in particular. Council is awaiting advice from the district.

Council noted that the Queensland Health website is not reflecting community information accurately. Chairperson wrote to the district regarding possible training for a publisher for Banana. Awaiting advice from the district.

Council requested a copy of the redrafted version of the district’s Service Planning for next meeting. Awaiting advice from district.

Council requested a Major Capital Works Program Report for the district to be provided. Only provided for Baralaba as an announcement to community outrage.

Council requested the removal of unhealthy products in vending machines at Queensland Health facilities in order to comply with promoting the Healthy Eating Guidelines. District has completed.
Community education

The Act requires that Health Community Councils enhance community education about the delivery of public sector health services. Councils may do this through receiving factual information from the district chief executive officer about public sector health services and giving that information to the community and raising community awareness and understanding about available services, service delivery and issues impacting on public sector health services in the district.

In 2009-10, Banana Health Community Council enhanced community education through the following activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
</table>
| Council organised public notices, throughout various communities and local networks and through local media, advertising of the community engagement meetings to be held prior to council meetings. | Topics covered at meetings include the following.  
**Moura**  
- Overview provided about the two Moura groups, Moura District Health Care Association and Moura Sub Group of the Mayoral Task Force.  
- Approximately $172K spent on the Moura Medical Centre.  
- Skin clinics have commenced. Training on the new equipment has been provided to the staff.  
- Rural Business Plan aimed to be released.  
- Primary Health Care Plan will involve the entire community and exploring the idea of appointing and funding a project planner.  
- General discussion surrounding where to from here if a second doctor is not appointed.  
- Request for Moura Antenatal Classes services only available in Theodore and Biloela.  
**Taroom**  
- General discussion surrounding other suggested engagements that should be considered.  
- Discussion about having community face-to-face focus groups in terms of our quality portfolio – from patient’s journey or experience, random selection process to gain relevant feedback.  
- Need to capture feedback from community members that do not use the facilities and ascertain why. | Completed |

Other

Nil.
Special assignment activities

Councils may be directed by the Minister to undertake other functions. Additionally, a council chairperson or member may undertake specific activities on behalf of or representing the council outside the council’s planned activities or arrangements. Special assignment fees are applicable for these activities or arrangements.

### Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council met and provided feedback and views for the Health Community Councils and Health Services District Alignment Review.</td>
<td>No outcome of review has been provided and now is on hold due to implementation of the Federal Health Reforms.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

### Special assignment activities undertaken

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special assignment activities undertaken</td>
<td>1</td>
</tr>
</tbody>
</table>
Appendix A

Health service districts from August 2008