


Minutes

SESLHD Board Community Partnerships Committee 10 December 2018
3.00pm – 5.00pm Sydney / Sydney Eye Hospital
Worrall Lecture Theatre

ITEM No.	DESCRIPTION	
A. Meeting Opening		
Item 1	Meeting Opening – Acknowledgement to Country – Tracie McNally	
	1.1	<p>Present</p> <ul style="list-style-type: none"> • Helene Orr, SESLHD Board, Chair (HO) • Scott Andrew, Manager, Community & Cultural Development, Georges River Council (SA) • Joe Banno, Manager Social Programs, City of Sydney (JB) <i>delegate for Gowan Vyse</i> • Karen Burt, Education Network Specialist Facilitator (KB) • Samuel Chrisafulli, Eastern Beaches Local Area Command (SC) <i>delegate for Karen McCarthy</i> • Penny Church, Family & Community Services (PC) <i>delegate for Nicola Jeffers</i> • Julie Dixon, Director Planning Population Health & Equity (JD) • Nathalie Hansen, General Manager, Corporate Services, CESP HN (NH) <i>representing CESP HN</i> • Amanda Justice, Manager Community Partnerships Unit (AJ) • Greg Levenston, SESLHD Board (GL) • Tracie McNally, Community Committee Member (TMcN) • Genevieve Maiden, Allied Health & Integrated Care Manager, War Memorial Hospital (GM) • Teresa Mok, Manager, Randwick Council (TM) • Alla Serhan, Community Committee Member (AN) • Annette Trubenbach, Executive Manager Waverley Caring (AT)
	1.2	<p>Apologies</p> <ul style="list-style-type: none"> • Janet McDonald, SESLHD Board (JMcd) • Liam Harte, SESLHD Board (LH) • Steven Bernardi, Executive Director Clinical Operations, Justice Health & Forensic Mental Health Network (StBe) • Lynn Garlick, Director Community Services, Woollahra Council (LG) • Maree Girdler, Acting Manager Community Capacity Building & Engagement, Bayside Council (MG) • Gerard Hyde, Executive Manager, War Memorial Hospital (GH) <i>delegate attended</i>



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	<ul style="list-style-type: none"> • Nicola Jeffers, District Director, Sydney, South Eastern Sydney & Northern Sydney District Family & Community Services (NJ) - <i>delegate Penny Church attended</i> • Kerry Kyriacou, Acting Director, City Planning, Randwick Council (KK) • Karen McCarthy, Detective Superintendent, Eastern Beaches Local Area Command (KMcC) – <i>delegate Samuel Chrisafulli attended</i> • Michael Moore, Chief Executive, Central & Eastern Sydney Primary Health Network (MM) – <i>delegate Nathalie Hansen attended</i> • Gary O'Rourke, Community Committee Member (GO'R) • Gowan Vyse, Manager Social Policy & Programs, City of Sydney Council (GV) - <i>delegate Joe Banno attended</i> • Rebecca Wood, Manager Business, Sport & Community Services, Sutherland Shire Council (RW) • Michael Wright, Chair, Central & Eastern Sydney Primary Health Network (MW) - <i>delegate attended</i>
1.3	<p>Guests</p> <ul style="list-style-type: none"> • Monica Brabant, Strategic Projects Unit (MB) • Michael Morris, Chief Superintendent, NSW Fire & Rescue (MMo) • Mark Whybro, Assistant Commissioner, NSW Fire & Rescue (MW) <p>Secretariat: Susan Busuttill, Community Partnerships Officer (SB) Support: Jen Richards, Community Partnerships Unit</p>
Item 2	<p>Approval of Minutes</p> <p>The minutes of the SESLHD Board Community Partnerships Committee held on 10 September 2018 were approved with the following amendment:</p> <p><i>Current:</i> (on Page 4, dot point 4) PHN reported Commonwealth funding will be received, \$300K will be allocated to SESLHD for social isolation and loneliness, mostly focused around the creation of 1.0 FTE Mental Health nurse.</p> <p><i>Amended to:</i> CESPHN reported receiving additional Commonwealth funding of \$300,000 in 2018/19 to improve access to psychological services for people in residential aged care facilities. It is expected this funding will increase over time.</p>
Item 3	<p>Declaration of Conflict of Interest</p> <p>No potential conflicts of interest were declared at the meeting.</p>
B. Action Item from previous minutes	
Item 4 10/9/18	<p><u>"Social Isolation & Loneliness" Program of Work</u></p> <p><i>Refer to General Business Item 4</i></p>
Item 5 10/9/18	<p><u>NSW Generation Fund – My Community Dividend</u></p> <p>Amanda Justice provided the committee with the latest update released on the website.</p>

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	<p>Recent Sub-committee meeting generated further interest which will be explored in 2019.</p> <p>SA added that the funding is unlikely to occur this financial year.</p>
<p>Item 8 10/9/18</p>	<p><u>Childhood Obesity – Framework/ Business Plan</u></p> <p>Refer to standing agenda item 8 - Item closed</p>
<p>C. General Business</p>	
<p>Item 4</p>	<p><u>Social Connectedness (formerly named as “Social Isolation & Loneliness”) – update and Presentation by Monica Brabant, Manager Strategic Projects, DPPHE, SESLHD.</u></p> <p>The <i>Social Connectedness in South Eastern Sydney Draft Action Plan</i> was tabled. Background to social isolation within SESLHD provided.</p> <p>A Draft Action Plan has been developed to assist in cross agency collaboration within this committee to provide a mechanism for a coordinated and harmonised approach to enhancing social connectedness and reducing social isolation in our joint communities.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> • Purpose and scope of the action plan • Top 4 opportunities (to be called Activities) were determined for the action plan: <ul style="list-style-type: none"> ○ Enhance first responder assessment/protocols ○ Develop HealthPathways for social isolation and loneliness ○ Refine interagency partnership approach to Community Grants Program ○ Establish Community Connectors Program • Monitoring and reporting requirements <p><u>Activity 1 – Enhance first responder assessment/protocols – consultation with NSW Ambulance occurred 3 December</u></p> <p>Key points presented and ACTIONS:</p> <ul style="list-style-type: none"> • A series of assessment criteria questions need to be developed to identify those people at risk. Ambulance NSW has indicated they will require support in this area from SESLHD/CESPHN. Ambulance NSW Clinical Advisory Council will approve the draft assessment questions (MB/MS). • A communication strategy is needed for paramedics to highlight the importance of social connectedness and what to do when they identify someone at risk (MS). • Organise a working group (June / July19) to develop protocols (MB/MS). • Test this initiative in a locality was considered necessary (in SESLHD) (MB/MS). <p><u>Activity 2 - Develop HealthPathways for social isolation and loneliness</u></p> <p>Links well with Activity 1 and this will be to develop health pathways for those people that have been identified as socially isolated.</p>
	<p>Key points presented and ACTIONS:</p>

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	<ul style="list-style-type: none"> • Identify existing pathways most relevant for inclusion of social isolation assessment (CESPHN/MB). • Identify relevant service providers and develop a service directory (CESPHN). <p><u>Activity 3 – Expand interagency partnerships approach to Community Grants Program</u></p> <ul style="list-style-type: none"> • Subcommittee meeting occurred (on 13/11/18) between agencies (refer Extraordinary Grants BCP Sub-Committee notes below for discussion and outcomes). <p>ACTION</p> <ul style="list-style-type: none"> • An ideation session is being organised with a consultant to support partners, help define goals and their achievements (AJ/MB). The outcome will be to develop an action plan. <p><u>Activity 4 – Establish Youth Community Connectors Program</u></p> <p>Key point presented:</p> <ul style="list-style-type: none"> • The Program links into a number of initiatives currently undertaken within SESLHD eg The Communities at the Centre: A place-based equity and wellbeing initiative in Maroubra (ComaC). <p>ACTION</p> <ul style="list-style-type: none"> • Engage a consultant to explore options for community connector programs (AJ). <p>Other identified priorities to be discussed at a later date once the top priorities have been achieved (contained within appendices of presentation).</p>  <p>181130_SocialConnectednessActionPla</p> <p>The chair thanked MB for the presentation and opened the matter for discussion.</p> <p><u>Extraordinary Grants BCP Sub-Committee meeting with FACS, local councils and JHMH update by Amanda Justice</u></p> <ul style="list-style-type: none"> • Funding architecture discussed and experienced at all levels • Acknowledgement that this information should be shared • Opportunities identified for future discussion • Most present were in a position of receiving grants as well as issuing grants • Acknowledgement that not a lot of collaboration currently occurs in this area • Not necessarily measuring what the grants are achieving – opportunity identified to explore this area further • Another session (with a possible external facilitator) to assist with development of an action plan about how to move this area forward • Ideally would be great for all to collaborate and be ready to submit for grants (as a group) when they become available

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	<p><u>SESLHD <i>Doing it Differently</i> community grants discussed by Julie Dixon</u></p> <p>Doing It Differently (DID) Community Grants Initiative is currently a collaboration between SESLHD and Bayside Council.</p> <ul style="list-style-type: none"> • Phase 1 (2016/2017) saw 20 grants awarded ranging from \$2K - \$10K each reaching 10,500 people • Key achievements have been increased social connection, improved well-being, increased skills and an enhanced sense of welcoming community • DID took a community development approach (Asset based Community Development – ABCD) to focus on abilities, aspirations and potential rather than problems and deficits • SESLHD provides training and evaluation of projects • 2nd phase of program currently underway; further evaluation is being explored trying to link to larger outcomes <p><u>Scott Andrew discussed the Georges River Council initiative</u></p> <p><u>Phase 2</u></p> <ul style="list-style-type: none"> • Initiative between Georges River Council, SESLHD and Calvary Hospital undertaking Phase 2 of the DID grants • All partners will be contributing funds with a combined pool of ~\$100K • Will be using the successes and lessons learned from Phase 1 • Looking at it from a needs based approach • Interview based application process • Reviewing where to target - whether this should be done geographically and linking it back with Calvary’s program for those persons experiencing the health system and then returning back into the community • Identifying community groups that may not be fully realised (eg seniors groups, groups with low numbers) in an effort to enhance those services <p><u>Phase 3</u></p> <ul style="list-style-type: none"> • Discussion undertaken with Sutherland Shire Council to support funding a further round of DID grants <p>In relation to Social Isolation and Community grants KB asked how do we keep vulnerable groups of kids connected eg school leavers; how do we work with the bigger community?</p> <p>Gap identified</p> <ul style="list-style-type: none"> • Schools cannot apply for community grants; how do we use the Community Connectors in this area? • LGAs aren’t necessarily educated to work with youth groups, young children <p>PCYC mentioned and agreed to form a group around this area.</p> <p>Further meeting for grants subcommittee – next year.</p> <p>ACTION</p> <ul style="list-style-type: none"> • Invitation to next grants meeting to be sent to BCPC members (AJ)

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Item 5	<p data-bbox="264 208 1436 280"><u>NSW Fire & Rescue - Programs - Verbal presentation by Assistant Commissioner Mark Whybro, Community Safety and Chief Superintendent Michael Morris</u></p> <ul style="list-style-type: none"> <li data-bbox="316 302 1492 403">• An overview was provided by NSW Fire & Rescue in regards to their programs, their approach and rationale and with a focus on their home fire and safety checks program. <li data-bbox="316 425 1396 504">• Home fire safety check program is a home visitation program that targets possibly the same clusters of people in the socially isolated space. <li data-bbox="316 526 1492 660">• Developed out of a propriety product called MOSAIC (a marketing tool) – this is overlaid with the NSW Fire injury history and fire incident history to identify the top 10 groups out of 49 that have the highest propensity for fire in the community. <li data-bbox="316 683 1492 1915">• Key points presented: <ul style="list-style-type: none"> <li data-bbox="367 772 1436 862">• Visitation program commenced 3 years ago; the pilot stage was independently evaluated by Western Sydney University which showed that if you spend \$1 on prevention you can save \$12 to the society <li data-bbox="367 873 1452 940">• Identify high risk groups within the community of households who NSW Fire visit and undertake a home assessment – this is done via a mapping system <li data-bbox="367 952 1476 1019">• Main outcome of the program is not only to engage with the community and better understand their risks but also to leave the residence with a working smoke alarm <li data-bbox="367 1030 1460 1097">• NSW Fire will then fit smoke alarms to those without one; this is funded internally as part of their fire and prevention program <li data-bbox="367 1108 1228 1176">• Homes being visited are normally in lower socio economic area <li data-bbox="367 1187 1476 1254">• MOSAIC identifies the types of people (characteristics of those particular groups) at risk of fire but also identifies the means by which to communicate and reach out to these groups (eg where they consume their information) <li data-bbox="367 1265 1436 1332">• For example 6/10 high risk groups attend RSL clubs so NSW Fire presented at RSLs information sessions <li data-bbox="367 1344 1460 1411">• NSW Fire is normally seen as credible, reliable and trustworthy so the initiative is taken well by the community <li data-bbox="367 1422 1476 1489">• Fire fighters are a key connection within the community that are able to identify communities at risk not only for fire but other health risks - would be great to work with other government agencies in these areas <li data-bbox="367 1500 1460 1568">• A data app is also used internally which allows crews to record information about what they find, what they did on the premises down to scripts to read for certain groups of people <li data-bbox="367 1579 1476 1680">• Falls Referrals - if Fire fighters come across people at risk of falls eg a set of three evidence-based questions could be included in the app that would then generate an email to War Memorial Hospital to complete a home assessment within a pre-agreed geographical area if the resident is at risk of falling. <li data-bbox="367 1691 1157 1758">• Potentially could include questions around social isolation <li data-bbox="367 1769 1444 1836">• Identified 600,000 homes across NSW in the high fire risk category with 336 fire stations on call 24/7 <li data-bbox="367 1848 1476 1915">• Currently undertaking a refresh of the home fire safety assessment program (as part of the Strategic Plan) - opportunity in 3/6 months of 2019 to changing the first responders mindset (i.e. an internal culture change of fire professionals to have a key preventative role). <li data-bbox="316 1937 1484 2004">• Person centered preparedness research is currently underway at UNSW in the Surry Hills / Redfern areas. <li data-bbox="316 2027 1452 2094">• There is a potential opportunity for some agencies to include better links with

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	<p>NSW Fire & Rescue. Ideally there should be a 2 way referral process between agencies, eg if an agency identifies a house/unit is at increased risk of a domestic fire then the agency would notify Fire and Rescue Services and if the latter service identifies someone at risk of social isolation or falls then they could refer that person to the appropriate agency.</p> <ul style="list-style-type: none"> • NSW Fire & Rescue stated if LGAs come across people during home modification visits that are high risk of fires they should contact their local fire station. Advice is that the client needs to be informed that this will occur. • There is currently work underway between Macquarie University and NSW Fire National Peak Body around hoarding to define clear national definitions so all parties are using the same language. • There should be an increased awareness across SESLHD about council clean ups - suggestion of internal memo advising of LGA cleanup dates. <p>ACTIONS</p> <ul style="list-style-type: none"> • Further conversations to occur between SESLHD, War Memorial Hospital and NSW Fire & Rescue to determine feasibility of including falls prevention and social isolation questions into the NSW Fire app (Carmelle Moses SESLHD Falls Prevention Project Coordinator, to follow up). • Local Councils to contact the local fire station if their staff visit homes which may be at a high risk of domestic fire.
Item 6	<p><u>Draft SESLHD Board Community Partnerships Committee Framework, Reporting and Planning 2019 - Discussion led by Julie Dixon</u></p> <p>Draft framework and program of work for BCPC was tabled</p> <ul style="list-style-type: none"> - Brief overview provided and a brief discussion on the current framework Report on progress quarterly - Members agreed it reflected the alignment of work with State and Commonwealth priorities and local agency priorities where our work intersects <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>BCPC Framework.pptx</p> </div> <div style="text-align: center;">  <p>SESLHD Board Community Partners</p> </div> </div> <p>ACTIONS</p> <ul style="list-style-type: none"> • Committee invited to provide further feedback. • NSW Fire & Rescue and NSW Ambulance to be invited to join the Committee (AJ). <p><u>Committee Member Reflections</u></p> <ul style="list-style-type: none"> • Key focus areas for BCPC have been progressed with tangible results • Has been useful to become more aware of the priorities of agencies and where we can work together to complement each other's work/programs to improve community wellbeing and resilience • This Committee aligns with the SESLHD Board's priorities • JD raised the recently funded new Healthy Urban Environment (HUE) clinical academic group (CAG) – funded by SPHERE with input from SESLHD and SWSLHD; University of Technology, University of Western Sydney, University.

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	<p>of New South Wales</p> <ul style="list-style-type: none"> The CAG role is to advocate for a healthier urban environment to key government and non-government agencies. An example was raised by JD: The Scentre Group who manage/own large retail shopping centres such as the Westfield's East Gardens Shopping Centre has agreed to have their proposed redevelopment reviewed by the CAG. <p>ACTION</p> <ul style="list-style-type: none"> Invite other key members of CAG (UTS, SWSLHD, UNSW) to present on the new Healthy Urban Environment CAG at next BCPC meeting (JD).
Item 7	<p><u>Committee Annual Review / Membership</u></p> <p>Annual review was last completed February 2018 with next review to be undertaken in first meeting of 2019 (this will be offered online).</p> <p>Option to use the Victoria Health partnerships tool (mid-year) was discussed to allow for a deeper dive into the strength of the partnerships developed between agencies.</p> <p>ACTIONS</p> <ul style="list-style-type: none"> Basic annual review survey to be distributed to BCPC members via link in February 2019 (AJ). The findings from this survey will be discussed at the next meeting and will determine if there is a need to employ the Victoria Health partnership tool by BCPC members.
D. Standing Items	
Item 8	<p><u>SESLHD Childhood Obesity – Business Plan/Framework – Discussion led by Julie Dixon</u></p> <p>Childhood Obesity requires a whole of government approach to tackle this significant community issue with 1:3 children overweight.</p> <p>JD advised there is a new Childhood Obesity dashboard (Premier's dashboard) which identifies the KPIs/ targets and programs being delivered.</p> <p>ACTIONS</p> <ul style="list-style-type: none"> Table the NSW Premier's childhood obesity dashboard at the next meeting (JD). BCPC to be provided with 6 monthly updates on progress made towards implementing the SESLHD childhood obesity business plan (JD).
Item 9	<p><u>Minutes from Mental Health First Aid Youth Implementation Group - Overview by Amanda Justice</u></p> <p>The SESLHD Board Community Partnerships Committee noted the minutes of the Mental Health First Aid Youth Implementation Group meeting dated 19 November 2018.</p> <p>Chair thanked everyone for their involvement and support; in particular, CESP HN for allocating funds towards the initiative and NSW Department of Education for increasing uptake of training in SESLHD high schools.</p> <p>KB from NSW Department of Education indicated the goal will be that all high school</p>

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	<p>teachers within SESLHD are trained. Education Network facilitators in Sydney LHD and SWSLHD are also focusing on Mental Health youth training in first aid.</p> <p>Congratulations to the team for being a Premier’s Award finalist as well as a NSW Ministry of Health award finalist.</p> <p>SC asked what the uptake from NSW Police has been. AJ indicated her team were currently liaising with interested LACs and those working with youth such as PCYCs.</p>
Item 10	<p><u>NDIS – SESLHD Update</u></p> <p>The SESLHD Board Community Partnerships Committee noted the NDIS update dated November 2018 in the papers.</p>
E. Business Without Notice	
Item 11	<p>New topic for 2019</p> <p>Healthy Urban Environment;</p> <ul style="list-style-type: none"> - Health & Housing - SPHERE clinical academic group: Healthy Urban Environment
F. Meeting Close	
Item 12	<p>Date of Next Meeting</p> <p>Date: Pending SESLHD Board meeting dates</p> <p>Time: 3.00pm – 5.00pm</p> <p>Venue: Sydney / Sydney Eye Hospital, Worrall Lecture Theatre</p> <p>Topic for Consideration: Housing/Healthy Urban Environment</p>
<p>Accepted at meeting held on: _____</p> <p>CERTIFIED AS A CORRECT RECORD</p> <p>Name _____</p> <p>Signature _____</p> <p>Date _____</p>	