

# Minutes

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

ITEM NO.	DESCRIPTION
<b>A. Meeting Opening</b>	
Item 1	Meeting Opening – Welcome to Country
1.1	<p>Present</p> <ul style="list-style-type: none"> <li>• Helene Orr, SESLHD Board, Chair (HO)</li> <li>• Scott Andrew, Manager, Community &amp; Cultural Development, Georges River Council (SA)</li> <li>• Steven Bernardi, Executive Director Clinical Operations, Justice Health &amp; Forensic Mental Health (StBe)</li> <li>• Gary Ella, Randwick City Council (GE)</li> <li>• Maree Girdler, Acting Manager Community Capacity Building &amp; Engagement, Bayside Council (MG)</li> <li>• Nicola Jeffers, District Director, Sydney, South Eastern Sydney &amp; Northern Sydney District Family &amp; Community Services (NJ)</li> <li>• Amanda Justice, Manager Community Partnerships Unit (AJ)</li> <li>• Greg Levenston, SESLHD Board (GL)</li> <li>• Michael Moore, Chief Executive, Central &amp; Eastern Sydney Primary Health Network (MM)</li> <li>• Patrick Morris, NSW Police (PM)</li> <li>• Gary O'Rourke, Community Committee Member (GO'R)</li> <li>• Annette Trubenbach, Executive Manager Waverley Caring (AT)</li> <li>• Rebecca Wood, Manager Business, Sport &amp; Community Services, Sutherland Shire Council (RW)</li> </ul> <p><b>Guests:</b></p> <ul style="list-style-type: none"> <li>• Monica Brabant, Strategic Projects Unit (MB)</li> <li>• Cheryl Brady, Community Partnerships Officer (CB)</li> <li>• Tegan Fahey, Health Promotion Service (TF)</li> <li>• Myna Hua, Health Promotion Service Manager (MH)</li> <li>• Genevieve Maiden, iREAP Co-Ordinator, War Memorial Hospital (GM)</li> <li>• Michelle Shiel, Project Manager Model of Care, NSW Ambulance (MS)</li> <li>• Marina Tomasella, Health Promotion Service (MT)</li> <li>• Susan Uhlmann, Director of Mission, Calvary Hospital (SU)</li> </ul>

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	<p><b>Secretariat:</b> Susan Busuttill, Community Partnerships Officer (SB)</p> <p>1.2 Apologies</p> <ul style="list-style-type: none"> <li>• Janet McDonald, SESLHD Board (JMCD)</li> <li>• Karen Burt, Education Network Specialist Facilitator (KB)</li> <li>• Julie Dixon, Director Planning Population Health &amp; Equity (JD)</li> <li>• Lynn Garlick, Director Community Services, Woollahra Council (LG)</li> <li>• Liam Harte, SESLHD Board (LH)</li> <li>• Karen McCarthy, Detective Superintendent, Eastern Beaches Local Area Command (KMcC) – <i>delegate attended</i></li> <li>• Tracie McNally, Community Committee Member (TMcN)</li> <li>• Teresa Mok, Manager, Randwick Council (TM) - <i>delegate attended</i></li> <li>• Alla Novochenok, Community Committee Member (AN)</li> <li>• Gowan Vyse, Manager Social Policy &amp; Programs, City of Sydney Council (GV)</li> <li>• Michael Wright, Chair, Central &amp; Eastern Sydney Primary Health Network (MW)</li> </ul>
Item 2	<p><b>Approval of Minutes</b></p> <p>The minutes of the SESLHD Board Community Partnerships Committee held on 14 May 2018 were approved.</p>
Item 3	<p><b>Declaration of Conflict of Interest</b></p> <p>No potential conflicts of interest were declared at the meeting.</p>
Item 4	<p><u>Loneliness and Social Isolation</u></p> <p>Presentation by Monica Brabant, Manager Strategic Projects, DPPHE, SESLHD</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• Social connectedness and support is a preventative measure that improves quality of life. Social isolation and loneliness increases the risk of early death by over 20%, with associated health risks of heart disease, high blood pressure, physical inactivity and depressive symptoms.</li> <li>• It has been well documented that people can be socially isolated or feel lonely for many reasons, even when other people are around you. Some of the main reasons are; personal circumstances (being a carer, being unemployed), transitioning (bereavement, retirement, living away from home), personal characteristics (aged 75yrs+, feeling insecure), health and disability (poor health, cognitive impairment) and geography (living in low socio-economic area, living in high crime area).</li> <li>• There are a range of circumstances that may lead to isolation and loneliness, it is widely thought to be a greater problem in older people however can occur throughout the lifecycle.</li> <li>• In 2011, one in four older people live alone, in SESLHD it is closer to one in</li> </ul>

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	<p>three. Not everyone living alone is lonely and vice versa, however its an important consideration given the rising number of people living alone in our communities.</p> <ul style="list-style-type: none"> <li>• A mapping project undertaken by SESLHD with BCPC committee organisations, War Memorial, Calvary Hospital and NSW Ambulance, to further understand the range of initiatives that directly or indirectly provide social support in our region, identify groups most at risk, and opportunities to best partner and support our communities</li> <li>• Most commonly identified cohorts most at risk include: <ul style="list-style-type: none"> <li>- CALD communities</li> <li>- Mental Health / Cognitive impairment</li> <li>- Financially disadvantaged</li> <li>- Dementia population</li> <li>- Frail elderly</li> <li>- Carers</li> <li>- Those who live in high density</li> <li>- Disengaged youth</li> </ul> </li> <li>• The following opportunities to work together were discussed: <ol style="list-style-type: none"> <li>1. <b>Enhance first responder assessments/protocols</b> to include identification of isolation and loneliness of people living in the community</li> <li>2. Explore options for <b>localised referral pathway resources/directory</b> – template could be developed to be utilized by community members, first responders and local providers (e.g. pharmacists) for when isolated people are identified</li> <li>3. <b>Expand interagency partnership</b> approach to Community Grants program – leveraging off success of <i>Doing it Differently Program</i> with bayside Council and SESLHD</li> <li>4. <b>Formalise Community Connectors Programs</b> (volunteers in the community that are provided with training, education and support to then help others in the community become more connected)</li> <li>5. <b>Build a local evidence-base</b> on prevalence of loneliness, local profiles of loneliness</li> <li>6. <b>Use a place-based approach</b> to implementing opportunities</li> </ol> </li> </ul> <p><u>General discussion</u></p> <ul style="list-style-type: none"> <li>• Ambulance personnel as first responders have committed to determining the feasibility of implementing new protocols at State level for Social Isolation &amp; Loneliness (inclusive of all age groups). Ambulance would like to raise awareness and build knowledge of paramedics prior to implementing any new protocols.</li> <li>• How do we as a partnership maintain sustainability of community grants projects and identify how these can be accessed by other organisations?</li> </ul>

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	<ul style="list-style-type: none"> <li>• There has been a decrease in available grants with the introduction of My Aged Care and the NDIS program resulting in a lack of programs at the community level</li> <li>• Community Grants program – there is a need to expand interagency partnerships</li> <li>• How are consumers made aware of services and opportunities to connect that are available to them? Community committee members expressed that opportunities to connect both socially and with services is difficult as there is little information available for what services exist</li> <li>• Changes to My Aged Care and NDIS has had a flow-on effect for Local Government with an increase in requests for support services</li> <li>• Referral Pathways – is there scope to create a Social Isolation referral pathway of some description?</li> <li>• PHN support the idea of creating a Social Isolation &amp; Loneliness pathway under the Health Pathways program (Partnership between PHN and SESLHD) (concept supported by committee)</li> <li>• 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</li> </ul>
	<ul style="list-style-type: none"> <li>• Annual GP health assessment (those aged &gt;75yrs) – consideration should be given to include a question relating to Social Isolation &amp; Loneliness</li> <li>• Is there a way of collating all the data across the committee about who we are targeting and how many we are reaching in order to understand the local profile of loneliness? Consideration given to exploring the NSW Population Health Survey as a way of collecting this</li> </ul> <p>Moving forward:</p> <ul style="list-style-type: none"> <li>• Detailed action plan of cross-agency collaboration to be developed</li> <li>• Identification of types of partnership funding models that can be explored to expand into new areas</li> <li>• Identification of community connectors models</li> </ul> <p><b>ACTION</b></p> <ol style="list-style-type: none"> <li>1. M. Brabant to contact Sharon Fitzgerald (from PHN) to explore further the creation of a Social Isolation &amp; Loneliness pathway</li> <li>2. PHN to explore the possibility of including a question relating to Social Isolation &amp; Loneliness in the GP Annual (over 75's) health assessment set of questions; M. Brabant to follow-up</li> <li>3. Ambulance to update regarding feasibility of new State protocol being established for Social Isolation &amp; Loneliness. M.Brabant to follow-up and support as required.</li> <li>4. M. Brabant to draft framework for a collective program of work and liaise with key stakeholders/opportunity leads to inform more detailed action plan of cross-agency collaboration</li> <li>5. M. Brabant to coordinate/facilitate meeting with interested parties prior to Dec</li> </ol>

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	<p>meeting and progress conversations for a Community Grants interagency approach.</p> <p>6. M. Brabant to identify partnership funding models available for further discussion</p> <p>7. CPU to investigate community connector / health navigator models</p>
<b>B. Action Item from previous minutes</b>	
Item 5 19/2/18	<p><u>Childhood Obesity</u> Presentation by Marina Tomasella, Health Promotion Service</p> <p><b>Item closed</b></p>
Item 6 6/6/17	<p><u>NDIS</u> Refer to Standing Agenda Items in minutes</p> <p><b>Item closed</b></p>
Item 3 14/5/18	<p><u>Charter Review</u></p> <ul style="list-style-type: none"> <li>• Charter updated to reflect amendments</li> <li>• EOI distributed to committee</li> </ul> <p><b>Item closed</b></p>
Item 5	<p><u>Loneliness and Social Isolation</u> Refer to General Business in minutes</p> <p><b>Item closed</b></p>
<b>C. General Business</b>	
Item 5	<p><u>NSW Generation Fund: My Community Dividend</u> Discussion led by Cheryl Brady, Community Partnerships Officer</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• \$27.5 million available later this year for a new grants initiative called My Community Dividend</li> <li>• You can apply for between \$20,000 and \$200,000</li> <li>• You have to be a resident of NSW and aged 16 + to apply and vote for your preferred community project</li> <li>• There are 6 project themes including safety, accessibility, revitalising your community, healthy communities, liveable communities and cultural communities</li> <li>• At the ideas phase, NSW residents need to identify a local organisation that can sponsor and deliver their idea and work with that organisation to propose a project budget before submitting</li> <li>• Sponsor organisations can include schools, child care centres, local councils and non-for-profit community groups</li> <li>• There will be a screening process of all submitted proposals</li> <li>• Eligible ideas will be put forward for community voting</li> </ul>



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	<ul style="list-style-type: none"> <li>• Projects that win the community vote will be funded</li> <li>• Idea submission and voting will occur online through a website</li> <li>• Ideas State Government have suggested include, all ability playgrounds, community mobility services, public gardens, upgrades to local sporting facilities, public artworks, festivals, programs for at risk youth and healthy lifestyle initiatives e.g. exercise gym for seniors</li> <li>• More information with timescales for applying are yet to be released</li> </ul> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>• Update BCPC with further information as it arises</li> </ul> <p><u>Proposal - Outdoor Exercise Park for Seniors</u></p> <p>Discussion led by Cheryl Brady, Community Partnerships Officer on behalf of Carmelle Moses (Population Health Project Officer, DPPHE)</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• Concept is to develop a purpose built exercise park to improve the physical, mental and social well-being for community dwelling older people</li> <li>• Statistics show that between 30%-35% of older people living in community, aged 65+ are falling at least once a year</li> </ul>
	<ul style="list-style-type: none"> <li>• After a fall they lose autonomy and independence in their lives</li> <li>• Research shows that exercising outdoors has additional benefits including social engagement, stress management and positive mood</li> <li>• The current outdoor gyms are designed for young people and younger adults and not suitable for seniors as it does not target all functional deficits associated with ageing</li> <li>• Purpose built equipment designed for older people can be used in a playful way but still target key physiological elements like balance, mobility, functional movement, coordination, motor skills and memory functions</li> <li>• A budget of \$100,000 would be required per exercise park</li> </ul> <p>Ideas suggested:</p> <ul style="list-style-type: none"> <li>• Explore applying for the My Community Dividend fund when it becomes available with interested LGAs</li> <li>• Concept of building exercise parks near caravan parks as potential venues based on the number of seniors who live and vacation on these sites</li> </ul>
<b>D. Standing Items</b>	
Item 6	<p><u>Childhood Obesity – Framework / Business Plan</u></p> <p>Presentation by Marina Tomasella, Health Promotion Service</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• Draft SESLHD framework in development with 3 streams of action: <ol style="list-style-type: none"> <li>1. Building health sector organisational capacity</li> <li>2. Community partnership collaboration</li> </ol> </li> </ul>

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	<p>3. Children's everyday settings</p> <p>Moving forward:</p> <ul style="list-style-type: none"> <li>• How can we best engage communities and other local stakeholders?</li> <li>• What is the best approach to inter sectorial engagement?</li> <li>• Concept of coaching sessions through library networks and community workers via Local Councils</li> <li>• Information sessions to council-run day care centers, private childcare and daycare centers</li> <li>• Input should be sought from Dietitians currently working with childhood obesity as a key group</li> <li>• Change in language used – move away from childhood obesity to children are above a healthy weight</li> </ul> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>• Feedback to be integrated into framework / business plan</li> <li>• Further specific consultation around opportunities to occur with stakeholders individually</li> </ul>
Item 7	<p><u>Minutes from Mental Health First Aid Youth Implementation Group</u></p> <p>The SESLHD Board Community Partnerships Committee noted the minutes of the Mental Health First Aid Youth Implementation Group meeting dated 4 June 2018.</p>
Item 8	<p><u>NDIS</u></p> <p>The SESLHD Board Community Partnerships Committee noted the NDIS update dated August 2018.</p>
<b>E. Business Without Notice</b>	
	Nil items raised.
<b>F. Meeting Close</b>	
Item 9	<p><b>Date of Next Meeting</b></p> <p><b>Date:</b> Monday 10 December 2018</p> <p><b>Time:</b> 3.00pm – 5.00pm</p> <p><b>Venue:</b> Sydney / Sydney Eye Hospital, Worrall Lecture Theatre</p> <p><b>Topic for Consideration:</b> Housing</p>
<p>Accepted at meeting held on: <u>10 December 18</u></p> <p><b>CERTIFIED AS A CORRECT RECORD</b></p> <p><u>Helene Ord</u></p> <p><b>Name</b></p>	

