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**Our Healthy Clarence Steering Committee**

**Meeting Minutes**

**Monday, 30th September 2019, 12noon**

**Education Room 2, The Education Centre, Grafton Base Hospital**

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| **Present:** | Russell Brewer (NNSWLHD), Sue Hughes (Our Healthy Clarence), Aimee McNeill (NCPHN), Giane Smajstr (NSOA), Dan Griffin (Clarence Valley Council), Gary Martin (Community Member), Sam Osborne (RAMHP), Meghanne Wellard (DoE), Nicole Secomb (Momentum), and Debrah Novak (Community) |
| **Apologies:** | Skye Sear (NSOA), Jo Reid (NSW Police), Sue Howland (Community), Sara Borrett (New Horizons), Miko Smith (Lifeline NC), Sharyn Fowler (FACS), Michelle McDonaugh (DoE), Roxie Collett (Wellways), Sharon Monaghan (PMC), John Shearer (Community), Michelle Hockings (Invocare), Daniel Becker (CRANES), Mel Wakefield (StandBy), Jason Grimes (headspace), Mark McGrath, (headspace), Jason D’Onofrio, (Lifeline NC), Rose Hogan (StandBy), Theresa Kelly (Community) and Angie Boorman (TAFE) |
| **Special Guests:** | Glen James (NCPHN) and Dee Robinson (NSWLHD) |

| **Agenda Item** | **Discussion** | **Decision/Action** |
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| **Meeting opened:** | **12.08** | |
| **1. Acknowledgement of Country** | Russell Brewer acknowledged the traditional owners of the land upon which the meeting was taking place, and acknowledged those with a lived experience of mental health, their carer’s and their families. |  |
| **2. Welcome and Introductions** | Welcome to Glen James (NCPHN) and Dee Robinson (NSWLHD) |  |
| **3. Declaration of Pecuniary Interests, Conflict of Interest (actual, perceived or potential)** | Sue Hughes declared a pecuniary interest if discussions concerning her job status and employment contract are held | Will leave the room |
| **5. Discussion with NCPHN to progress project proposals** | Glen stated that NCPHN are committed to help rather than hinder and support the Clarence Valley community.   1. Access Project Proposal   As previously advised the Access Project Proposal is approved but needs to align with Melbourne University data collection, the lead site funding obligations and the commitment to the National Suicide Prevention Trial evaluation. We can identify any research partner to support the research project – it does not have to be the University of Melbourne. Aimee stated that it can either be a research partner or a project manager to lead this work and that decision should be made by NSoA as the contracted provider.  OHC Steering Committee to provide NSOA with guidance but the decision to engage research partners rests with NSOA.   1. Community Capacity Building Project Proposal   Clarification was sought on the 1 session of each of the 5 training courses. NCPHN described challenges with the whole of population approach – suggest training to target at risk specific cohort e.g. male, unemployed, over 50. The evaluation needs to be in line with the Suicide Prevention Trial and shown to be reducing suicide. Aimee stated that this is how the strategy is measured and if it has been effective in the community and the objective of the Trial, because it helps to identify in the data if there has been a reduction in the rates.  Previous evaluation that has been gathered over the past 3 years was not submitted to the MDS and unfortunately can’t be entered retrospectively. It can’t be entered retrospectively because the trial started on 1 July 2018. Sue submits the data required after each training session and sends to the PHN. This evaluation process will form part of the University of Melbourne Evaluation and will make recommendations to the Department of Health and will be released in November 2020.  NCPHN do not wish to dictate what other training OHC want to deliver, but we do need to ensure that what we do with the PHN funding is aligned with the BDI Lifespan model.  CRANES have residual funding to deliver mental health literacy training and NCPHN advised that there has been a variation on the delivery of training. All 5 trial sites will be offered funding to deliver more in their region targeted to specific at risk population groups. This does not sit under the Lead Site funding; it does not have to be at specific at risk groups like the Lead Site funding. Uncertain of exact funding amount and will need to negotiate with PHN and the OHCSC. The funding amount will not be negotiated with OHCSC, there will be a number of MHFA sessions offered to the Clarence, the number of sessions is yet to be determined.  Sam Osborne stated that OHC is a community collaborative and are recognised as leaders across Australia. Evaluation and support from the CRRMH has been greatly appreciated.  Sue left the meeting at 12.47 so the Project Coordinator role could be further discussed.  Glen James explained that the Suicide Prevention Trial is only 1 part of the OHC. It was explained that the Lead Site Trial is like a project that the OHC committee plays an advisory role over. Sue’s role is specifically funded to manage the Lead Site Project, not all the work that sits under the OHC Plan.  The Project Coordinator is funded by the NCPHN and as such clarification of the role needs to be undertaken with NSOA and the NCPHN.  Sue returned to the meeting at 12.57pm | ACTION  To move forward with Access Project Proposal  ACTION: NCPHN and OHC to negotiate funding for additional training  ACTION: Review Project Coordinator Position Description |
| **7. Endorse Community Engagement & Development Project Proposal** | The Community Engagement & Development Project Proposal was endorsed with unanimous support from those in attendance. Feedback from other Steering Committee members has not been received, as such, the Project Proposal is approved. It should be noted that this is not part of the NCPHN Lead Site funding, this project sits under the entire OHC Plan | ACTION: Progress with Project Proposal |
| **8. Any other Business** | 1. Reminder that the Leadership positions will become vacant at the end of the year and Russell Brewer will not be re-nominating as Chair or Co-Chair  2. Giane sought feedback on the Volunteer Management Policy, Russell suggested some amendments for 1 off events.  3. Giane spoke that the OHC SC meetings have become more like Interagency Meetings and raised concerns that the youth have been absent from the OHC Steering Committee  3. Brief discussion on seeking additional funding streams to support ongoing of the implementation of the entire OHC Plan  3. Consider exploring options for Not for Profit Status  4. Consider IT Team – Additional Funding Streams | ACTION   1. Consider nominating 2. Giane to amend and re-distribute the Policy and to be discussed at next month’s meeting |
| **14. Next Meeting** | 24th October at 10am – 12noon, Education Room 2, Grafton Base Hospital |  |
| **Meeting Closed:** | **1.20pm** | |