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**Our Healthy Clarence Steering Committee**

**Friday 13th March, 2020**

**Time: 10.00am to 3pm**

**Meeting Minutes**

**CRANES Meeting Room, 11 Kemp Street, Grafton**

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| **Present:** | Martin McGrath, Daniel Becker, Susan Howland, Dan Griffin, Miko Smith, Debrah Novak, Steven Jenner, Mark McGrath, Skye Sear, Nicole Secomb, Rod Lloyd, Russell Brewer |
| **Apologies:** | Michelle McDonald, Samantha Osborne, Sharon Fowler, Sara Borrett, Kelly Gallagher, Meghanne Wellard, John Shearer, Darren Kershaw, Rose Hogan, Sharon Monaghan |
| **Special Guests:** | Martin McGrath, facilitator  |

| **Agenda Item** | **Discussion** | **Decision/Action** |
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| 1. **Meeting opened:**
 | 10.00 |
| **2. Acknowledgement of Country** | I would like to acknowledge the Bundjalung peoples, Traditional Custodians of these lands on which this meeting is taking place and pay respect to the Elders both past, present and emerging of the Bundjalung, Gumbaynggirr and Yaegl nations which lie within the Clarence Valley boundary. I would also like to acknowledge those with lived experience of mental illness, their families and their carer’s. |  |
| **3. Welcome and Introductions** | Round table introductions |  |
| **4. Declaration of Pecuniary Interests, Conflict of Interest (actual, perceived or potential)** | Nil Declared.  |   |
| **5. Acceptance of the Minutes of the Previous Meeting held on 6th February 2019.** | Hold over acceptance | **Motion:** That the minutes of the previous meeting are accepted as a true and correct record of the meeting.  |
| **6. Business Arising from previous meetings** | 1. Loving Life FM

Nil follow up to date.  |  |
| **7. Community Updates** |  |  |
| **8. Financial Reports** | 1. NCPHN Funding – Transition

Last month it was announced all suicide prevention trial sites (including OHC) funding has been extended. Details regarding time frame and expectations TBA. PHN is awaiting a federal government announcement to clarify details of funding. 1. Forum NSW Ministry of health

OHC has been invited to attend NSW Ministry of Health Forum in Sydney on March 25th 2020.  | **Action:** Representatives nominated to attend: Susan Howland and Miko Smith |
| **9. Media Requests**  |  |  |
| **10. Implementation Teams Project Proposal Updates** | Community Engagement and DevelopmentCommunity roadshows have been held in Yamba, Iluka and Coutts Crossing. Yamba and Iluka roadshows were successful with good input from community members. There were no community members in attendance at the Coutts Crossing. In future OHC will ensure Coutts Crossing is scheduled for an evening as this is when community is most active. Lawrence roadshow scheduled for Monday – will go ahead. Copmanhurst to be postponed if it has not already been advertised (important this is advertised through the school). Decision to hold advertisement of roadshows until co-ordinator role has been filled. Currently services have a commitment to attend bushfire affected communities (i.e. Service NSW, RHAMP and Council) there is a potential for OHC to synchronize roadshows with these services. Important to have contact with communities that Council has not accessed yet (communities that did not lose homes in bushfires).  | **Action:** New team leader for Community Engagement and Development working group: Mark McGrath. **Action:** Working group to reconvene ASAP  |
| **11. Leadership Group Update** | 11.1 Co-Ordinator PositionCurrently there is one applicant and one individual referred to OHC by Miko Smith. Decision to move forward with interviews of these applicants despite the shallow pool following a clear conversation with applicants that this remains a fixed term position concluding 30 June 2020.SC is happy to support engagement of casual NSOA employee to undertake community engagement work. |  |
| **12. Opportunities for Collaboration** |  |  |
| **13. Any Other Business** | 1. Nominations for Co-chair

Previous Nomination from John Sheerer, Self Nomination from Steven Jenner, Sue Howland nominated Miko Smith. | **Action:** Vote to be carried out via email.   |
| **14. Strategic Planning**  | * 1. OHC Vision - “The Clarence valley is an inclusive, connected and resilient community”

Round table discussions re: membership’s organisational and personal contribution and achievement of the vision statement.

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| Strengths | Challenges |
| Holistic approach to Mental Health | Lack of engagement of 18-30 year olds impacting their awareness of services and feelings of representation and connection |
| Stigma reduction | At risk of losing focus on suicide prevention and having too broad a mission |
| Evidence of reduced youth suicidality | Clarence valley views itself as separate sub communities (ie Grafton, down river, Coutts crossing, Nymboida) with separate identities  |
| Improved response to youth suicide in community and schools | Disconnect and isolation in Yamba |
| Shift in community narrative to being aware of services and hopeful | Need higher levels of exposure in communities |
| Increase of Mental Health Literacy in community working to connect and de-stigmatise | Insular communities create feelings of isolation for new residents |
| Increase of services (particularly youth mental health) | Inclusion, connection and resilience are not always complimentary |
| Clear shift towards recovery focused, person centred care  | Lack of focus on branding has led to a missed opportunity to promote services and act as a hub of information for community to access |
| Increased physical access to community mental health | Is the steering committee diverse enough to facilitate true inclusivity?  |
| Service and support of identified target demographics | Need to remain aware of the fact our community is ever evolving. |
| Creating an inclusive, connected resilient community | Difficulty accessing youth specific services due to long waitlists |
| Small communities are connected within themselves and foster a self-sustaining resilience | Community trust in youth specific services following negative experiences is declining.  |
| Insular communities protect selves | Young adults do not feel welcome and valued in spaces like Our Healthy Clarence. Young adults often feel dismissed in such spaces. |
| Lack of focus on branding has allowed OHC to remain focused on building community’s access and understanding of services | Issues raised and acted upon depends on who is represented and feels safe at OHC meetings.  |
| OHC is evidence of effective collaboration |  |

 * 1. OHC Objectives – Progress to Date, Gap Analysis

To increase the capacity of the people across the Clarence Valley to support their mental health and well-beingObjective has been partially met however is worded in such a way it is unmeasurable and requires further definition. Clarity required regarding what is a mental health and wellbeing program and what is a mental health gatekeeper training exercise. Is ‘proportion of people in the CV with high levels of psychological distress’ relevant? Should we remove it?Should we include community confidence in responding to people with high levels of psychological distress? Need to clarify if the role of ‘community champion’ is to be formalised and facilitated by OHC or something that develops organically. Also need to clarify how OHC supports, recognises and rewards community champions. Need to move towards encouraging community participation in existing activities and groups.Need for clearer KPIs. To increase the number of children and young people in the Clarence Valley who have knowledge, skills and capacity to support their mental health and resilienceObjective has been partially met however is worded in such a way it is unmeasurable and requires further definition. Indicators are impossible to measure ie levels of psychological distress OHC does not have access and control over GP and other clinicians practice making those indicators unmeasurable.Consultation with young people is required to determine why youth and young adults are not represented and engaging with OHC. Steering committee needs to reflect on if it values youth and young adults voices or if the steering committee wants to base decisions on assumption. To increase the capacity of the education sector to support mental health and well-being of their students, staff and communityThis objective has been partially met. Responsibility for these KPI’s sits with Department of Education and Training (DET). However, it is important these remain as OHC objectives in order to maintain their priority level internally within DET. Some key success includes: communication between public and private schools, training of school and TAFE staff, in-reach services to students within schools. Clarence Valley school students are engaged in significantly more mental health projects than the average students. Monitoring and OHC awareness of KPI’s needs to be improved.To increase the number of mentally healthy workplacesThis objective has been partially met but KPI’s need to be rewritten to be measurable. Council and John Holland in particular have been successful in actively working a mentally healthy workplace. MHFA roll out into community and workplaces has helped to increase mental health literacy.Currently measures only exist for training received rather than the health of the workplace itself. Need to diversify the workplaces targeted. Fast food/retail identified as a group that would benefit.Potential to develop a report card for workplaces or to endorse workplaces which are evidenced to be healthy.  To improve access to and quality of health services for mental healthSomewhere in between partially met and not close. Currently no KPI’s exist.Research project re: barriers in accessing services has been delayed due to issues securing a research body. Conversation about using OHC as a platform to provide information to demystify the service marketplace to reduce service choice fatigue through the OHC website and social media. OHC does not have control over the quality of health services. To support the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples in the Clarence ValleyThis objective has been partially met. Aboriginal and Torres Strait Islander MHFA delivered and well received.Local Aboriginal and Torres Strait Islander community members have been trained to carry out trainings. Low representation of Aboriginal and Torres Strait Islander individuals in steering committee. Feedback from local Aboriginal and Torres Strait Islander community is that OHC is Bulgarr Ngaru’s group. Efforts to be made to ensure OHC is a provide a culturally safe, welcoming environment for Aboriginal and Torres Strait Islander people.Efforts to be made to gain better exposure and integration all three nations of Aboriginal and Torres Strait Islander people in the Clarence Valley. * 1. Diversification of Funding Streams

There is a need for rapid diversification of funding while ensuring this does not cause a fragmented focus. Funding to be applied for and secured by independent organisations best suited to carry out each project in line with OHC’s objectives. Council has grant writing staff that can potentially assist if required. 14.4 OHC Coordination Position(s)Decision to move forward with interviews for OHC coordinator position (PHN funded activities only) of these applicants despite the shallow pool following a clear conversation with applicants that this remains a fixed term position concluding July 2020.Discussion around community engagement position employed initially with surplus funds to work on OHC objectives independent of PHN funding. With the intention of gaining additional grants to sustain this role.  | **Action:** Rewrite of OHC Mental Health and wellbeing plan ensuring to address gaps identified during this conversation and ensuring OHC is able to work towards these as becoming a reality rather than an aspiration. **Action:** Leadership group to look for funding opportunities. **Action:** Skye to move forward with recruitment process. **Action:** Miko and Dan to develop position description within next 2 weeks.  |
| **15. Next Meeting** | TBA |  |
| **Meeting Closed:** | 15.00 |  |