

Illawarra Shoalhaven Suicide Prevention Collaborative

Breakfast Meeting Minutes – 3 February 2016

8:00am – 9:30am

Venue: IHMRI Level 3.301

Attendees:

Dr Vida Bliokas	(VB)	MHAB Clinical Theme Leader, IHMRI; ISLHD
Prof Brin Grenyer	(BG)	MHAB Academic Theme Leader, IHMRI; UOW
Dr Alex Hains	(AH)	Mental Health Manager, Grand Pacific Health
Prof David Adams	(DA)	Executive Director, IHMRI
Prof Leonard Arnolda	(LA)	Clinical Director, IHMRI
Mr Peter Brown	(PB)	Chair, Illawarra Suicide Prevention Awareness Network (ISPAN)
Dr Mitch Byrne	(MB)	School of Psychology, UOW; Mind the Gap Planning Group
Mr Grahame Gould	(GG)	Director, Lifeline South Coast
Mr Greg Hand	(GH)	Learning and Wellbeing Coordinator, Dept of Education
Mr Tim Heffernan	(TH)	Peer Support Worker, ISLHD
Ms Erin Hiesley	(EH)	Manager, Partners in Recovery
Ms Linda Livingstone	(LL)	Regional Director, Coordinare
Ms Cynthia McCammon	(CM)	Senior Professional Officer, Catholic Education Office
Prof Lorna Moxham	(LM)	Mental Health Nursing, School of Medicine UOW
Ms Bethany Pye-Respondek	(BPR)	Research Development Administrator, IHMRI
Ms Angela Thompson	(AT)	Illawarra Mercury
Ms Leanne Woodley	(LW)	Special Education Consultant, Association of Independent Schools

1. Preliminary Business

1.1 Apologies

Ms Sue Baker-Finch	COO, IHMRI
Lord Mayor Gordon Bradbury	Chair, Illawarra Joint Organisation of Councils
Ms Wendi Hobbs	Chair, Shoalhaven Suicide Prevention Awareness Network (SSPAN)
Mr Tim Hudman	Shoalhaven Suicide Prevention Awareness Network (SSPAN)
Ms Dianne Kitcher	CEO, Coordinare
Ms Sally McNeill	Research Development Officer, IHMRI
Mr Phil O'Neil	Duty Officer, Wollongong LAC, NSW Police Force
Ms Leeanne Simpson	Health Relationship Manager, NSW Ambulance
Dr Coralie Wilson	UOW, School of Medicine; Mind the Gap Planning Group

Note: Amendment to previous minutes as PB was present at Dec meeting, but not included among attendees.

2. General Business

2.1 Welcome and Introduction

BG: Welcome and introductions around table, particular welcome to DA as IHMRI's new Executive Director and CEO and LA as IHMRI's new Clinical Director.

There has been considerable progress statewide, since the Dec meeting; NSW Mental Health Commission held a meeting on Tue 2nd Feb - Ministry announcing a 12 month review, at the meeting they also recommended joining with other groups around the state to effect change. One example for ISSPC was to collaborate with 'Mind the Gap'.

MB: GG and I both involved in the planning group for Mind the Gap. It represents a place and idea – a facility for treatment and research. The aim of Mind the gap is to improve regional mental health KPIs, including a reduction in suicide. Group is particularly cognisant regarding the Indigenous community and their involvement with the project. Plan to employ a project leader who has standing within the indigenous community in the Shoalhaven. Translational research will be a focus/opportunity; however there are some challenges to overcome. It is important to see Mind the Gap not as a building, but as an outreach. Soil has not yet been turned, but will begin shortly.

GG: Lifeline collaborating with UOW, using Shoalhaven/Mind the Gap to test new framework over distance. Can be rolled out nationally, or run from Shoalhaven. Lifeline South Coast and Lifeline Research Foundation are both involved. Can see opportunities for ISSPC to identify what the key interventions are. Lifeline can provide framework for this.

2.2 Support from ISLHD and Coordinare

VB: Background: previous meeting ToR and SoP accepted, giving direction to group. Suicide prevention is on everyone's agenda, as a result the executive group met with Margot Mains (CE ISLHD) and Dianne Kitcher (CEO Coordinare). Both are very keen to support the collaborative and see this as a way to move forward. Margot and Dianne are currently seeking approval from their organisations to fund a regional project manager for the collaborative. Some funds have been committed by IHMRI, but it is understood the project needs more attention and time. A draft PD has been requested (tabled, see attachment 1). Collaborative will act as an advisory group, and feedback from members would be very helpful before further progress. Coordinare will be the location and host of the position, but it will be split 50:50 with ISLHD.

LS: 2nd paragraph should say "Government and non-Government schools" to cover independent schools also.

LM: Position level? Expect high.

VB: Dependent on funding.

DA: Contract? Term?

VB: Yet to be determined.

AH: Expect position to coordinate activities across sectors, soft skills as well as experience required. Role will be fairly senior. Collab looking to implement range of activities – this position will sit above to coordinate.

VB: Did not expect this result from the meeting. Very exciting – the message from ISLHD and Coordinare clearly 'How can we support this?'

LL (phone): Recognition at senior levels to reduce suicides, but need back boning to pull collaborative together to position for funding. Timing is of the essence to get work done in immediate future to position for funding. This position will make most of resources available and improve chances.

BG: Push from other groups to impact suicide prevention and we want to be on the table.

2.3 Grant Opportunity – Paul Ramsay Foundation

AH: The Black Dog Institute will be using money from the Paul Ramsay Foundation to implement the Proposed Suicide Prevention Framework for NSW. There has been some discussion that the Illawarra Shoalhaven could be in a position to be a test site. Coordinare is currently in discussion with Black Dog; VB has written to the institute, though response yet to come. Dianne Kitcher sent the following update yesterday:

I spoke to Nicole Cocayne (Head of Research) and Black Dog today. She has tracked down our Collaborative's letter and they will formally respond. Update from their end is that they are currently negotiating with Commonwealth and NSW Health re working together; they are also working through site(s) selection process from their end; most likely (not yet confirmed) to be a selective invitation – they know we are willing, ready and able to be part of this process. They are hoping to have further info by the end of Feb. They have also just appointed Rachael Green as their Project manager for this work who starts very soon. I mentioned that we are currently planning to recruit locally – she was very interested and supportive of our initial thinking/approach to this.

All very positive, sounds optimistic for ISSPC.

LL (phone): Dianne and I met with Nicole in Jan – she was very positive at that meeting also. It cemented in our minds the need to establish membership purpose. Nicole was very impressed with what we've achieved in terms of pulling together, and commented that other sites are not as organised. However, we can't rest on our laurels, but must move ahead.

2.4 Formalisation of Collaborative Membership and future plans

BG: Executive group have discussed holding a full day workshop in March or April

AH: Collaborative applied for funding with PIR to support the workshop. Looking for police, ambulance, media and indigenous attendees. Plan to present and discuss Collaborative's purpose, then break off into groups to work through needs in individual groups. PIR to discuss out of session to approve funding. We plan to pull together a team to work on this.

LM: UOW Global Challenges would happily sponsor lunch for the day

AH: After funding has been decided, date can be booked. Will advise ASAP. Also, schedule for meetings to go out to group for 2016. Suggest 4th exec from PHN as significant contributor?

GG: No objection

No objections noted by any other members.

BG: Reminder that signatures are needed on the Statement of Purpose.

AH: Need to source appropriate signatory from each sector. Suggest workshop to start with signatories signing on the day, will need to lock in who will be the right person from each organisation. Suggest BPR to coordinate.

GG: Just symbolic on the day? Actual signatures needed before then

BG: Agree symbolic signatures a great media opportunity, and will collect official signatures ASAP.

3. Other Business

BG: Updates from members?

AH: Transfer of care between ED and schools a common problem. Proposed project to improve this system, which has been successful in the first round, however waiting on further approval.

PB: ISPAN has nothing to report from over the Christmas Break. Meetings to resume shortly.

TH: Two-day meeting with Mental Health Minister for Community Advisory Council (part of the Mental Health Commission) coming up. The Mental Health Network is in the process of choosing projects to be funded – still looking for research opportunities.

EH: PIR calling for projects. Will send out EOI. John Fennely on board from Woolworths.

LA: Any Collaborative members applying for Translational Research Grant Scheme through ISLHD?

VB: Unfortunately unable to get anything together in time given the short notice period.

AH: Note AT joined from Illawarra Mercury. Will update her at the end of the meeting.

BG: Next meeting TBC – schedule of 2016 meetings to be circulated by BPR. Executive group very aware of Shoalhaven members being able to join – may look into a video conference option? Or possibly meet in the Shoalhaven?

LW: Request list of acronyms for non-health/UOW members, as some confusion around terms.

Meeting close.

Action List

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| • Finalise PD for Project Coordinator position | Exec | Complete 17/2/16 |
| • Coordinate signatures for SoP | BPR | In Progress |
| • Schedule of 2016 meetings to be circulated | BPR | Complete 29/2/16 |
| • Create list of common acronyms | BPR | Complete 3/3/16 |

Draft Position Description

Regional Coordinator, Illawarra Shoalhaven Suicide Prevention Collaborative

Responsible To: Day-to-day accountability to the Regional Director, Engagement and Coordination, Coordinare. For deliverables and milestones to the ISSPC Executive.

Responsible For (staff): To be advised

Purpose of Position:

In response to the unacceptable rates of attempted and completed suicides in the Illawarra Shoalhaven region a collaborative of local agencies was initiated in 2015 in order to address this issue using evidence based systemic approaches.

The ISSPC includes representatives from key agencies, including ISLHD, IHMRI, Coordinare (Primary Health Network), Grand Pacific Health, Lifeline, Salvation Army, public and Catholic education, local government, university, police, ambulance, media and consumers. A Statement of Purpose and Terms of Reference have been agreed.

The formation of the ISSPC models the *Proposed Suicide Prevention Framework for NSW* (August 2015) developed by the NHMRC Centre for Research Excellence in Suicide Prevention and the Black Dog Institute for the NSW Mental Health Commission. The framework aims to ensure that, "*Health and community providers implement evidence-based, best practice strategies at the local area at the same time: A systems approach.*" A core principle of the framework is local communities developing local approaches within the evidence based framework.

The *Proposed Suicide Prevention Framework for NSW* has four components:

- The implementation of nine evidence based best practice strategies operating simultaneously across medical, government, health and community agencies; working along the continuum of universal, selective and indicated suicide prevention interventions.
- Use of a common evaluation framework.
- Ownership and cooperation across multiple agencies to ensure sophisticated community and health system engagement and implementation strategies.
- Flexible but responsible governance arrangements.

Key Accountabilities:

- Undertake and manage all aspects of ISSPC components including project leadership, planning, monitoring and reporting and implementation
- Work collaboratively with ISLHD, Coordinare and all other stakeholders to provide a high level of program support to appropriate ISSPC stakeholders and committees
- Manage the project team at all levels of progress and implementation
- Contribute significantly to the preparation of project briefs, including identifying and coordinating resources, stakeholder consultation, developing budgets, identifying key milestones, negotiating reporting requirements and completion time frames.
- Ensure an optimum communication strategy is in place to promote effective communication between all stakeholders of the ISSPC
- Work collaboratively with relevant senior staff and champions of the ISSPC activity to facilitate smooth implementation of initiatives across sectors
- Maintain strong partnership with ISLHD to ensure relevant strategies are adopted.
- Collaborate with other regions implementing coordinated suicide prevention strategies to encourage knowledge sharing and troubleshooting.
- Position the Illawarra-Shoalhaven region well for relevant future funding opportunities, and actively support any applications for such funding

- Facilitate the development of a broad communication strategy to create awareness and an understanding of the ISSPC initiatives, ultimately to ensure these initiatives are supported
- Develop and oversee program of work to maintain, develop and improve suicide prevention activities and ensure it remains relevant and useful to stakeholders across all relevant sectors.
- Report regularly on progress to the ISSPC Executive, Coordinare Regional Director of Engagement and Coordination, as well as through the respective ISLHD and Coordinare Governance frameworks.
- Provide timely advice and support to Coordinare's Regional Director of Engagement and Coordination and ISSPC Executive on the delivery of the ISSPC activities ensuring they meet agreed timeframes, objectives and budget.
- Facilitate the development of an evaluation framework of the ISSPC activities and work collaboratively with the relevant organisations (e.g. University of Wollongong, IHMRI) to promote suicide prevention research meeting NHMRC standards

Challenges/Problem Solving:

- Maintaining personal resilience and commitment to service delivery whilst developing and maintaining strategic relationships with key stakeholders and interest groups
- Ensuring ISSPC Working Groups operate within the desired timeframes and are provided adequate support
- Having oversight of multiple ISSPC Working Groups simultaneously and ensuring that they remain on track and achieve the desired objectives
- The incumbent will need to establish effective working relationships across multiple internal and external stakeholder groups (within ISLHD, Coordinare and other stakeholders) regarding a number of different topics and issues related to suicide prevention.
- Completing the work required to a high standard in the time allocated, with close attention to project milestones, and meeting deadlines in a high volume and complex work environment.

Communication:

This position will work closely with the ISSPC Executive, Coordinare's Regional Director of Engagement and Coordination, Director Mental Health, Director Ambulatory and Primary Health Care, Clinical Redesign Program Manager, and other senior representatives from non-health organisations. The position is required to communicate progress and issues to the ISSPC Executive, and governance structures of ISLHD and Coordinare.

Other stakeholders include, but are not limited to:

- People with Lived Experience, including those who have experience caring for people at risk of suicide
- Lifeline South Coast
- Grand Pacific Health (including PIR and headspace)
- Education (public, independent and Catholic)
- Aboriginal Community Controlled Health Organisations
- IHMRI Mental Health and the Ageing Brain Research Theme Leaders
- Appropriate groups such as ED representatives, Emergency Services (e.g. Police, Ambulance), Aboriginal and Torres Strait Islander representatives, Local Government, and CALD representatives
- Other health professionals involved in the care of people that may be involved in ISSPC activities (e.g. NGOs, affiliated health organisations and community groups etc.)
- Other meetings/forums as required
- Coordinare Clinical Council
- ISLHD Clinical Council
- Coordinare Board

- ISLHD Board

Decision Making:

Decisions are made in consultation with the ISSPC Executive and the relevant subject matter experts for the nominated activity.

The decision making process required for the ISSPC will be developed in consultation with the ISSPC Executive and relevant ISLHD and Coordinare representatives.

Decisions surrounding ISSPC Working Groups will need to be made collaboratively with the ISSPC Regional Coordinator.

Selection Criteria:

- Proven experience and extensive skills in Project Management, Change Management or Clinical Redesign.
- Evidence of ability to liaise, consult and build rapport with a range of internal and external stakeholders including GPs, senior clinical and executive staff.
- Demonstrated ability to work effectively across sectors (e.g. health, education, research)
- Demonstrated high level organisational skills, the capacity to successfully complete several tasks concurrently and to achieve competing deadlines.
- High level interpersonal skills and oral communication with the ability to harness ideas and promote innovation in others.
- Sound understanding of the issues relating to integrated care and the importance of an integrated network between GPs, primary and secondary care.
- Effective skills in a range of office computer applications including word processing and spread sheet packages.
- Excellent written skills with ability to communicate complex issues clearly and prepare reports and submissions.
- Ability to work after hours and capacity to work across ISLHD and Coordinare including the ability to travel between the two organisations with an unrestricted NSW licence.