


**Present:** Akatu Marsters, Belinda Walker, Eseta Nonu-Reid (HealthShare), Deidre Mulligan (Consultant), Dr Graham Mellsoy (Chair), Dr Graeme Judson, Marita Ranclaud, Maureen Emery & Luis Villa

**Guest:** Ian Goulton

**Apologies:** Dr Sue Mackersey (BOP), Rees Tapsell, Jeff Bennett, Joleen Turnbull, Te Pare Kingi-Meihana & Michael O'Connell

| No. | Topic                               | Discussion Points   | Planned Action  | By |
|-----|-------------------------------------|---|---|----|
| 1.0 | <b>Whakatau / Welcome</b>           | <ul style="list-style-type: none"> <li>Deidre welcomed everyone</li> </ul>  |   |    |
| 1.1 | <b>Approval of Minutes</b>          | <ul style="list-style-type: none"> <li>March minutes accepted as a true and correct record</li> </ul>   |   |    |
| 1.2 | <b>Matters Arising</b>              | <p><b>Future Meetings</b></p> <ul style="list-style-type: none"> <li>Nine meetings per year, held monthly</li> <li>Face to face then consider moving into tele / video conferencing</li> </ul> <p><b>Membership Details</b></p> <ul style="list-style-type: none"> <li>Membership list to be developed to include role, mental health or addictions and district they represent</li> </ul> <p><b>Terms of Reference</b></p> <ul style="list-style-type: none"> <li>To be updated and accepted today</li> <li>Final TOR to be circulated with minutes</li> </ul> | <ul style="list-style-type: none"> <li>To be developed and updated as needed</li> </ul>  <p>S:\LDHB Planning &amp; Funding\Midland Regi</p> <p><b>Terms of Reference</b></p> |    |
| 2.0 | <b>AGENDA ITEMS</b>                 |   |   |    |
| 2.1 | <b>Setting the Scene</b>            | <p><b>Workplan</b></p> <ul style="list-style-type: none"> <li>February meeting – role of the group</li> <li>March meeting – clinical governance workshop (key themes based on leadership and results)</li> <li>April meeting – regional services plan and what this means regarding deliverables from this group</li> <li>May meeting – moving into business as usual</li> </ul>  |   |    |
| 2.2 | <b>Regional Services Plan (RSP)</b> | <ul style="list-style-type: none"> <li>This is a high level plan with direction from MoH that strong clinical leadership and input is required for strategic development and</li> </ul>   | <ul style="list-style-type: none"> <li>Document to be revised taking on</li> </ul>  |    |

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|     |       | <p>implementation</p> <ul style="list-style-type: none"> <li>▪ Ian Goulton has been tasked with writing the Regional Services Plan signed off by the MoH which was submitted in March</li> <li>▪ 2012 is the first year the plan covers all five Midland DHBs with local DAPs sitting below the RSP</li> <li>▪ Encouraging feedback from the NHB have requested the need for more detail in the plan</li> <li>▪ Imperative to look at problems and solutions from a regional stance</li> <li>▪ Huge difference with expert knowledge to assist with improving the process of 'common themes &amp; standardising our pathways'</li> </ul> <p><b>What role does the MH&amp;A Clinical Governance Network have in this?</b></p> <ul style="list-style-type: none"> <li>▪ Good understanding of the vision with a focus specific to regional pieces of work at a broader scope</li> <li>▪ Ministry action plan will drive the sector which is also aligned to the Blueprint due for release on 1 July so will need to see what we prioritise in RSP</li> <li>▪ Plan and prioritise deliverables and consistency of agreements regionally</li> <li>▪ The 3% does not fit the scope of Primary care who are linked with the PHOs, this brings limitations on the system – regional challenge</li> <li>▪ Gaps in primary and secondary services can be identified – patients have needs that need responding to with one system approach not primary, secondary, tertiary etc..</li> <li>▪ Marita gave an overview on how the 3% came about – this target was set by the MoH and we have to guarantee to slippage of 3% of population</li> <li>▪ Measures are collected through PRIMHD or KPI group or discreet work or projects are undertaken</li> </ul> <p><b>Membership on Midland Clinical Steering Group</b></p> <ul style="list-style-type: none"> <li>▪ Letter to be sent to Cathy Cooney requesting mental health &amp; addictions presence on this group</li> <li>▪ Content of letter to include: <ul style="list-style-type: none"> <li>○ MH&amp;A is established regionally with good consistency in variety of services</li> <li>○ High population of Maori MH&amp;A</li> <li>○ Improvements in MH&amp;A</li> <li>○ Steering group is broad and not focussed on specific areas</li> <li>○ Midland MH&amp;A regional forums support strategic documents with multiple perspectives coming through</li> <li>○ MRCGN Chair to sit on the group</li> </ul> </li> </ul> <p><b>Review of the Regional Clinical Services Plan</b></p> <ul style="list-style-type: none"> <li>▪ Draft plan gone through – clarity sought as to whether this plan was a</li> </ul> | <p>recommendations from NHB</p> <ul style="list-style-type: none"> <li>▪ Draft letter and circulate to the group</li> <li>▪ Amendments to be made and circulated</li> </ul> | <p>Eseta</p> <p>Eseta</p> |

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|     |                               | <p>regional or local one. Agreed that if regional all local activity needs to be removed</p> <ul style="list-style-type: none"> <li>▪ Objectives to include Blueprint II and CAODT Act</li> <li>▪ More emphasis on whole of sector rather than focus on provider arm</li> <li>▪ Limitations of 3% statement to be included following discussion – Luis to provide</li> <li>▪ Regional AOD service discussion and role of CGN in determining service priority</li> <li>▪ Casemix / KPI discussion – to discuss further at future meeting</li> <li>▪ Critical to success factors discussed</li> </ul>   | <ul style="list-style-type: none"> <li>▪ to group &amp; PMgrs</li> <li>▪ KPI – agenda item for June meeting, organise GM P&amp;F</li> </ul> | Eseta / Akatu |
| 2.3 | <b>Leadership Discussion</b>  | <p><b>General discussion on leadership in relation to what information is available</b></p> <p><b>Review the Information</b></p> <ul style="list-style-type: none"> <li>▪ Information available gives us a clear idea on what we are achieving and if not how can we make changes to make things work</li> <li>▪ How continuum of services meets our population</li> <li>▪ Do &amp; don'ts on how we can influence service development</li> <li>▪ Ongoing performance monitoring</li> <li>▪ Support hard calls that need to be made</li> </ul> <p><b>What reports are available – overview of what is available currently - Belinda</b></p> <ul style="list-style-type: none"> <li>▪ Belinda tabled Midland Region Overview of DHB PRIMHD outcomes report</li> <li>▪ Midland has been given access to data via Te Pou</li> <li>▪ This report follows the lead of Taranaki DHB for all other four DHB area's – writer of this report not HoNOS trained and did not feel competent to comment – refer to report</li> <li>▪ Each section has recommendations and consistent themes to undertake regionally</li> <li>▪ Accessibility to reporting information is limited or no access</li> <li>▪ Via PRIMHD Belinda has access to Midland NGO regional raw data which provides output reports and six planner &amp; funder reports</li> <li>▪ Belinda moving into a data quality role, there is merit looking at data regionally rather than locally</li> </ul> |   |               |
| 2.4 | <b>Relationships with NHB</b> | <p><b>Tactics for working in partnership with Planning and Funding</b></p> <ul style="list-style-type: none"> <li>▪ P&amp;F invest in services and they want to know what they will get</li> <li>▪ Funding models with effectiveness and efficiency with good data</li> <li>▪ Submission of business case with rationale to do things regionally which is based on finance</li> </ul>   |   |               |

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|     |                          | <ul style="list-style-type: none"> <li>▪ P&amp;F want a governance structure to sign off, clinical governance measured against clinical input</li> <li>▪ Discussion on regional contracts being brought back to this group (MRCG) to review and monitor process and outcome of the contract (this group determining the processes)</li> <li>▪ Discussed the Northern regions approach - Regional services planning group and clinical governance membership include P&amp;F reporting regional contracts, utilisation, outcome and other. This is the only real vehicle keeping a watchful eye on how things are working and progressing</li> <li>▪ Responsibility of this group at a high level to keep a vigilant hand on regional services</li> </ul> | To discuss further at next meeting   |    |
| 2.5 | <b>General Business</b>  | <p><b>School Treatment Services</b><br/> MoH putting monies towards school treatment services where funding is coming from population based funding – this needs prioritisation and guidance from MRCG regarding types of services we are willing to let go.</p> <p><b>EOI Profile and Photo's</b></p> <ul style="list-style-type: none"> <li>▪ All agreed to add details on the Midland website</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Agenda item for next meeting</li> </ul> |    |
| 3.0 | <b>Meeting Concluded</b> | <ul style="list-style-type: none"> <li>▪ <b>12.00pm</b></li> </ul>   |  |    |
| 3.1 | <b>Next Meeting</b>      | <ul style="list-style-type: none"> <li>▪ <b>Wednesday, 02 May 2012 – Hamilton Airport Motor Inn, Hamilton</b></li> </ul>   |  |    |