

**Present:** Akatu Marsters, Belinda Walker, Eseta Nonu-Reid, Joleen Turnbull (MRN), Dr Graham Mellsop, Dr Graeme Judson, Marita Ranclaud, Dr Sue Mackersey & Maureen Emery


**Apologies:** Dr Luis Villa, , Michael O'Connell, Dr Rees Tapsell & Te Pare Kingi-Meihana

**Guest:** Andrew Boyd (HealthShare CEO)

No.	Topic	Discussion Points	Planned Action	By
1.0	<b>Whakatau / Welcome</b>	<ul style="list-style-type: none"> <li>Meeting opened at 9.45am by Dr Graham</li> </ul>		
1.1	<b>Approval of Minutes</b>	<ul style="list-style-type: none"> <li>Previous minutes were accepted by all</li> </ul>		
1.2	<b>Matters Arising</b>	<p><b>Letter to CDs / Service Managers re clinical contact for Outcomes reports</b></p> <ul style="list-style-type: none"> <li>Representative from each of the Midland DHBs to liaise with Belinda to check validity of data prior to publication of report</li> <li>Attach the published Outcome reports to the letter and request if these reports add value?</li> <li>Affirm Midland has a mechanism to accessing data via Te Pou for this reporting</li> <li>The value of reporting can assist in identifying regional coordination on behalf of the DHBs eg. HoNOS training</li> <li>In the future, report circulated to MRCCG, DHB Clinical Governance groups, CDs &amp; Service Managers with a process to DHBs responding to issues</li> </ul> <p><b>Letter to PMgrs re AOD Referring Lists</b></p> <ul style="list-style-type: none"> <li>Midland regional team already have the information for AOD residential AOD services purchased within and externally – this can be disbursed to MRCCG</li> <li>List all NGOs to refer to services</li> </ul> <p><b>Letter to MHN re Regular Updates re Primary MH Developments</b></p> <ul style="list-style-type: none"> <li>Request regular updates on the progress and developments within Primary MH</li> <li>Request additional Primary MH representative on the MRCCG network</li> </ul>	<ul style="list-style-type: none"> <li>Letter to be drafted &amp; sent to Graham prior to mailing</li> <li>Disburse list to MRCCG</li> <li>Draft letter and send to Graham prior to mailing</li> </ul>	<p>Belinda</p> <p>Eseta</p> <p>Eseta</p>

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2.0	<b>AGENDA ITEMS</b>			
2.1	<b>CEO HealthShare</b>	<ul style="list-style-type: none"> <li>▪ Andrew thanked the MRCG for the invitation to attend this meeting</li> <li>▪ He shared his background, past experiences and knowledge working in the Health sector including mental health reviews looking at PMgrs and the way NDSA supports the northern region</li> <li>▪ Andrew would like to continue the relationship with this group and get a better understanding of the MRCGN role, perspectives on contrasts and will attend future meetings when available</li> </ul> <p><b>HealthShare Ltd (HSL)</b></p> <ul style="list-style-type: none"> <li>▪ The Midland region is working a lot more effectively than other regions and the model being used is getting more traction and results (we are attracting MoH)</li> <li>▪ Recruiting a Chief Medical Operation Manager focussed on selling benefits of what information can do for clinicians</li> <li>▪ Project sitting within HSL for GMs Human Resources</li> <li>▪ Regional Clinical Training Director position put in place to make step change for all systems approach (risk assessment etc, innovation to implement across all DHBs – a shared resource)</li> <li>▪ Changes are occurring in the region, however HSL is continuing using the support of DHBs for back office, HR, Payroll, Finance and other. In the future this may change where HSL may operate their own services</li> </ul> <p><b>Escalating Issues</b></p> <ul style="list-style-type: none"> <li>▪ Andrew sits on all the Midland CE &amp; Chair Meetings so he will be the point of contact to escalate high level issues</li> <li>▪ Governance change will be occurring in HSL due to some conflicts with current board members who are customers. Proposal going forward for DHB Board Chairs to sit on HSL board</li> <li>▪ Dr Graham Mellsop also represents MH&amp;A on the Midland Clinical Steering group</li> </ul>		
2.2	<b>Youth Forensics update</b>	<ul style="list-style-type: none"> <li>▪ Technical advisory group met on Tues, 10 July with representatives from Justice, CYFS, Hauora Waikato &amp; Midland MH&amp;A PMgrs with an opening from Colin Hamlin</li> <li>▪ Sourcing representative from CAMHS &amp; Waikeria Prison to sit on group</li> </ul> <p><b>Ethnicity Weighting</b></p> <ul style="list-style-type: none"> <li>▪ MoH recognise and acknowledge the need is greater in some areas and the information they currently have is poor</li> </ul>		

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		<ul style="list-style-type: none"> <li>▪ For 12/13 no changes will be occurring will look at it in a years times based on data</li> <li>▪ Need to look at what we currently have in place, where is the greater need to get underway – timeframe is tight</li> </ul> <p><b>FTE / Model of Care</b></p> <ul style="list-style-type: none"> <li>▪ As a region the group is looking at how the FTEs will be located within the Model of Care</li> <li>▪ Youth Forensics Guidelines identifies how the new roles will be applied that are unique and outside the current funding model being used</li> <li>▪ Colin acknowledged the Midland region is the only region that has kicked started with Youth Forensics</li> </ul> <p><b>Innovative Thinking Workshops</b></p> <ul style="list-style-type: none"> <li>▪ One key aspect was the 333 (Medical, psychiatric, and psychological) reports provided to the courts, the gap between 333 children and those needing an assessment – of what part of the continuum should they be referred to? Eg Primary, Kids Court Liaison does not meet the criteria of CAMHS services – where or what is the pathway for them?</li> <li>▪ Limited voices for 333 reports which are time consuming – in other regions FTE are funded to provide these reports and funding returned to planning &amp; funding agencies. MoH flexible around funding models</li> <li>▪ Court related issues – inconsistencies in the region of how they run as individual units, no regional approach or traction around this. This has nothing to do with FTE but will influence the way we work</li> <li>▪ BOP are happy for other districts to align their systems to theirs</li> <li>▪ Courts are working effectively – good to have examples of what is and not working well</li> </ul> <p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>▪ Workforce development funding within national funding, historically this does to the Workforce Centres. Opportunity for Midland share and deliver through our training hub</li> </ul> <p><b>Current Information</b></p> <ul style="list-style-type: none"> <li>▪ 12/13 funding has been allocated</li> <li>▪ 2.7FTE sustainable to In-Reach CYFS facility</li> <li>▪ 1.0 Taranaki Court Liaison</li> <li>▪ 1.6FTE te be determined (decisions to be made quickly_</li> <li>▪ Advice or recommendations where the FTE should be used is to be signed off by GMs then MoH</li> </ul> <p><b>Final Report</b></p>		

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		<ul style="list-style-type: none"> <li>▪ Aiming for series of 3 workshops with local visits between</li> <li>▪ Final report will come to MRCG for sign off</li> </ul>		
2.3	<b>Regional AOD – Utilisation &amp; Under Utilisation</b>	<p><b>Te Utuhina Manaakitanga Utilisation Data Presentation</b></p> <ul style="list-style-type: none"> <li>▪ Briefing paper tabled within agenda</li> <li>▪ Please refer to embedded presentation</li> </ul>  <p>S:\LDHB Planning &amp; Funding\Midland Regi</p> <ul style="list-style-type: none"> <li>▪ Request we send the referral rates to CDs &amp; GMs to give their view</li> <li>▪ Casemix – need more information for clarity such as length of stay, discharge type, no. of clients</li> </ul> <p><b>Regional Contracts</b></p> <ul style="list-style-type: none"> <li>▪ Midland funds a significant number of regional beds in and out of region</li> <li>▪ Are we investing in the right services and or who should we be investing in for clinical best practice?</li> </ul> <p><b>What is the review or process for regional contracts? (Discussion notes)</b></p> <ul style="list-style-type: none"> <li>▪ Re-evaluate and benchmark against previous report</li> <li>▪ Process in place for reviewing throughput, if used inconsistently do we still invest?</li> <li>▪ Analysis of the provider – reference to previous evaluation</li> <li>▪ Review process requesting the provider to sign off on the review (improving effectiveness – this becoming part of the contract</li> <li>▪ Evaluation points – efficiency of data for further analysis, this will lead us to invest, reinvest and or disinvest</li> </ul> <p><b>Midland Regional Bed Usage</b></p> <p>Nova: 241 underused beds (end of May)  Salvation Army: Even break (as at end Dec)  Springhill: 67 overused beds  TUMT: 1077 underused beds</p>	<ul style="list-style-type: none"> <li>▪ Send information to individual DHBs to make comment</li> <li>▪ Need more clarity or information about the data</li> </ul>	
2.4	<b>KPP &amp; KPI</b>	<ul style="list-style-type: none"> <li>▪ Confirmed the KPI project will run nationally for another year via NDSA</li> <li>▪ Regional groups are to work with NDSA for reporting templates and other</li> <li>▪ Plan for the future, from 13/14 KPI will be the responsibility of each DHB, however some discussion this may come under a regional service ie HSL and all DHB share the cost of this service</li> <li>▪ Look at a regional purchase from NDSA rather than developing a Midland database (i.e. Midland funds NDSA)</li> </ul>	<ul style="list-style-type: none"> <li>▪ This discussion to be kept on the National CD &amp; GMs agenda</li> <li>▪ Eseta to develop relationship with NDSA</li> </ul>	

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2.5	<b>General Business</b>	<p><b>Ashburn Contract</b></p> <ul style="list-style-type: none"> <li>▪ The Ashburn beds are funded by the MoH who contracts funding direct</li> <li>▪ Reporting is provided by the MoH</li> <li>▪ Administration is time consuming for a small service – request for this to be run through HSL</li> </ul> <p><b>Farewell Graeme Judson</b></p> <ul style="list-style-type: none"> <li>▪ Graham acknowledged Graeme for his contribution to the region on the MRCG group.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Check MRN teams ability to pick up the administration role</li> </ul>	Eseta
3.0	<b>Meeting Concluded</b>	<ul style="list-style-type: none"> <li>▪ 12.30pm</li> </ul>		
3.1	<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>▪ 16 August</li> <li>▪ Teleconference – Dial in: 083033 Pin: 531483</li> </ul>		