

Present: Belinda Walker, Eseta Nonu-Reid, Joleen Turnbull, Graham Mellsop, Rees Tapsell, Maureen Emery, Marita Ranclaud, Wendy Langland, Hester Swartz, Luis Villa, Sue Mackersey, Missy Katipa, Te Pare Kingi-Meihana and Joanna Jastrzebska

Apologies: Jeff Bennett, Michael O'Connell and David Benton

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> All welcomed by Graham 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> Minutes accepted by all 		
1.2	Matters Arising	<p>Midland Eating Disorder Representative</p> <ul style="list-style-type: none"> Sue Mackersey accepted to represent Midland for Eating Disorders The current model is being evaluated which will be led by Deirdre Mulligan who is also linked with Eating Disorders Forum which meets quarterly – Sue Mackersey and Lesley Watkins have feed back in to this via teleconference The last meeting for this forum was held on the 07 November, some feel there is no value for money received for the FTE funded by Midland BOP do not use the bed they fund at Starship New clinical director at THRIVE Coordination function needed from Midland controlling this for the future <p>Primary Health Screening Tool</p> <ul style="list-style-type: none"> Screening tool is H / Chart recommended by MoH, tobacco, depression and anxiety Tool has 7 or 8 questions and depending on answers this will lead the GP to do a more in-depth screening tools Questions are completed in the waiting room and information is kept on file electronically This is the only tool GPs will be using as initial scene, general alert only - prompting tool and will only be using if free Opportunity to remind GPs to check for more than the presenting issue. E.g come for chronic disease and use form to prompt and raise awareness <p>Model of Care</p>	<ul style="list-style-type: none"> Discussion needed with PMgrs Eating disorders to be added to agenda for next meeting 	Eseta Akatu

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		<p>competencies and training requirements? The Service Development Plan refers to this and the regional plan could allow this</p> <ul style="list-style-type: none"> ▪ The Job Descriptions are all the same across region with Blueprint 11 in mind ▪ Evidence based managed care ▪ Provider context development and regional. ▪ Lakes have had workforce centers only really contact them during the re-contracting period ▪ Workforce environment changing and moving forward we have not receive the same access and service as before, they are more strategically focused – we may be at risk of local and regional initiatives being lost 		
2.0	AGENDA ITEMS			
2.1	Regional Planning Documents	<ul style="list-style-type: none"> ▪ Part of the DHBs annual plan has to link to the Regional Services Plan (RSP) ▪ The work plan objectives can be found on Page 12 of the RSP ▪ Within the DHB toolkit on pages 19 & 20 indicates the Regional Services plan priorities that may not align, we need to ensure there is alignment ▪ If there are area that we decide to discard then we will be required to provide an alternative – some in here are not seen as our highest regional priorities, how open are they to change? ▪ PMgrs are tasked with finalising the Mental Health and Addictions section ▪ All members of group to meet with PMgrs and discuss the following: <ul style="list-style-type: none"> ○ RSP and Toolkit priorities ○ Alternative objectives - Addictions, Developing ICAMHS where not available, Child and Youth, Maori Children, High and Complex Needs, Increased access for mild to moderate care, Integration with primary care, Concept of clinical governance and Electronic patient records ▪ What is the map across our region including, NGO – information to be circulated 	<ul style="list-style-type: none"> ▪ Group take this away and submit feedback to Eseta ▪ Sue to put on agenda of National CD managers, DAMHs meeting to see if nationally we are in agreement ▪ Eseta to touch base with Ian McKenzie to see what is Auckland’s approach ▪ Eseta to put together a half page document and send to Sue 	
2.2	Regional Service Oversight	<ul style="list-style-type: none"> ▪ Clinical governance influences the way forward need to ensure this group concentrates on task focused on regional clinical governance ▪ Look for opportunities to look regionally at current district issues ▪ Support can be requested from Midland CEs and Andrew Boyd ▪ Opposed change for PMgrs. Clinical steering groups and GMs planning and funding will form part of the new proposed alliance. Cohesive regional PMgrs ▪ What needs to change in this group to be more effective will be working with Mary as lead GM of Mental Health and the regional Portfolio Managers group 		

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2.6	Ashburn Hall	<ul style="list-style-type: none"> ▪ Currently four people in beds which is consistent ▪ Waikato utilise these beds for staff ▪ One person in these beds is currently there for eating disorders – important issue is that we teleconference to prioritise who needs these beds ▪ Ashburn had offered a discount rate at \$17,500 as long as they ensure that they take the next bed. Usual rate is \$400-\$450 per day. This is in response to the need highlighted by the DHB's. <p>Scenario</p> <ul style="list-style-type: none"> ▪ Midland has a list of six people on the waiting list. Waikato have the next bed but Lakes require the bed quickly. If we can guarantee that Lakes have the next bed then Ashburn will offer the discounted rate to cover there services, this will cover the time frame until the next bed comes available ▪ Discussion and decision need to occur with consensus from this group. The group has not endorsed this proposal however has asked for more information ▪ Sue did states that they have not agreed on this at this stage and remains the status quo but put it out there for more discussion ▪ We may need to look into the future regarding the funded beds for Ashburn and whether we relook at the funding with Starship and reinvest this into Ashburn 	<ul style="list-style-type: none"> ▪ Sue to send out more information to the group 	
2.7	Additional Discussion	<p>Forensic Review Stakeholder Report</p> <ul style="list-style-type: none"> ▪ Forensic review stakeholder report is due for release ▪ An expectation that regional services should be providing stakeholder reports to the clinical governance group also then put forward for discussion ▪ This should also be included in regional contract developments inclusive of reporting expectations. ▪ What other reporting information is provided other than numbers? Still volumes based reporting 	<ul style="list-style-type: none"> ▪ Discuss reporting information at next PMgrs meeting 	Marita
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 2.30pm 	<ul style="list-style-type: none"> ▪ 	
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 06 December – Teleconference Dial In: 083032 Pin: 531483 		