Minutes of Midland Region Meeting – Midland Regional Clinical Governance Network

9.30am, 07 February 2013, Ventura Inn, Clarence Street, Hamilton

Present: Belinda Walker, Joleen Turnbull, David Benton, Graham Mellsop, Rees Tapsell, Maureen Emery, Michael O'Connell, Sue Mackersey, Marita Ranclaud, Hester Swart, Heather Turner

Apologies: Eseta Nonu-Reid, Missy Katipa, Jeff Bennett, Wendy Langlands, Luis Villa, Te Pare Kingi Meihana & Joanna Jastrzebska

No.	Topic	Discussion Points	Planned Action	By
1.0	**Whakatau / Welcome**	▪ Graham welcomed everyone		
1.1	**Approval of Minutes**	▪ Approved		
1.2	**Matters Arising**	▪ Previous minutes not discussed		
2.0	**AGENDA ITEMS**			
2.1	**Primary MH Progress Presentations** **Clinical Practice Guidelines**	▪ Discussions/presentations were held about locations and that there are variables within each area. Specific projects are encouraging with good outcomes. Rees to become intellectual source ▪ Concerns were raised about the DHB Provider Arm funding this Primary Care initiative – there is a wish to discuss this further **Lakes** ▪ Intervention service lead by nurses. Funded and resourced from secondary services. The aim is to provide assessment and short term intervention. Clients are responding well. It is providing us with good feedback with client involved. The clients come through from their GP. Provides assistance for the GP as well. Working with clients earlier enables them to work with GP rather than going to secondary service. Phone line through to psychiatrist – well utilised but data not being collected. Specific quantifiable data not available. Some data difficult to obtain. Working with analyst to change this. Nature of cases – 50% is depression related, 30% anxiety, and the rest is lifestyle issues. Started transition of clients back to GP. Funding is 6 GP visits per year for 2 years ▪ PowerPoint presentation from Canadian conference on implementation of	▪ Data to start being collected to ensure planning and funding is continued ▪ Provide publication that captures entire service – include Aims and How's ▪ Circulate PowerPoint to all	Maureen Michael

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		programme was presented by Michael **Waikato** ▪ Little progress has been made. Appointment made with John Machaskill-Smith to sort out how serious mental health is within the network. And developed across the network – have appointed a GP liaison person but difficulties are occurring. Phone line for 8 months. Good data has been captured off every call but very poorly used. Problems occurring with implementing actions. **BOP** ▪ Three PHO's within BOP and all are very different with different issues. Very unsatisfactory and hard to make progress with Western PHO ▪ Maori PHO keen to work together and looking at ways to provide more ▪ Eastern BOP alliance is still struggling. There is a willingness to work together ▪ Mental health is at the bottom of the list in ED departments ▪ Map of medicine – gives clear pathways, ie: dementia care. Ensure that the pathway is practical and what can be delivered/provided ▪ Clinical practice guidelines – booklet available with regards to Mental Health **Discussion Document** ▪ Discussion document to be provided which includes nature of funding and addresses the issues under the headings of effectiveness, efficiency and continuous improvement regarding primary and secondary care and to be discussed at next meeting.	▪ Provide evaluation outcome of Waikato primary health pilot. ▪ Agenda item for next meeting	Rees Akatu
2.2	**Youth Forensics**	▪ Request to be updated on Youth Forensics ▪ Youth Forensic meeting being held again soon. ▪ Contract – no discussion and left out of loop. No feedback so concerned that we will be out of the loop ▪ Email trail document to be removed from meetings	▪ Follow up with Katherine Fell and Eseta Nonu-Reid.	Marita/ Belinda
2.3	**Supra-Regional ED Update**	▪ Sue provided an update ▪ Linked with NDSA and developed a model of hub and spoke **REDS** ▪ Each DHB has a co-ordinator and linked to Regional EDS ▪ Beds purchased. Feedback is that this is not a good use of funding ▪ Three years since contract set up and draft report sent out for review. Out of this report is was found that Midland is funding two FTE's but thought it was	▪ REDS data available from Belinda if required/requested ▪ Regional ED forum being held next week and Waikato DHB will	All Rees

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	Ashburn Hall Bed Update	only one FTE ▪ Starship bed is not being utilised. Service is provided locally ▪ Challenging the value that we get from REDS **THRIVE** ▪ THRIVE bed – challenging. Difficultly getting it off the ground. ▪ Clinical oversight lacking ▪ Care provided – less than optimal ▪ Midland has stopped referring to Thrive ▪ Failure of development of services with REDS and Thrive **ASHBURN** ▪ Referring people with eating disorders to Ashburn. More valuable service to BOP despite the distance ▪ Support given from group on feedback from report ▪ New funding arrangement is happening in Ashburn Hall. BOP has good use on this arrangement ▪ Ashburn hedge fund. Valuable resource and model is simple and easy to get access ▪ Clarified that an extra bed was not occurring.	have someone in attendance	
2.4	**Decision: Acute Ward Bed Reductions**	▪ Is there a formula on calculating how many beds in an acute ward? Taranaki is currently looking at reducing beds but can only do this if we have adequate beds in the region ▪ Dangerous to look at KPI's in isolation rather than a whole ▪ There are two wards in BOP – one in western BOP and one in eastern BOP. Used in ways to meet the community. ▪ This ties in with report from Mary Smith – GM of clinician funding. Midland looking at services and this may sift within each DHB ▪ Clinical governance needs to have an understanding at this level	▪ Ask P&F what the formula is. What is the way that P&F decide how many beds will be available each year? ▪ Discussion document to be compiled and discussed at clinical governance level	Marita
2.5	**Chair Letter to Membership**	▪ Responses given from group ▪ Graham received the information that he wanted ▪ There is NO authority with regards to decision making. Relevance is an issue. ▪ Acknowledgement that this group is on the back foot and need to make an attempt to get on the front foot ▪ Rising to the Challenge document – is this group the one to do some of the actions from this document? Some DHB's feel that their own local governance is better	▪ Ensure that group stays at regional issues and stays with agenda ▪ Process to be developed on how the group addresses issues ▪ All future meetings to	All Graham Eseta

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		▪ This group can make a difference but it needs to start at a regional level **MRCGN Agenda** ▪ Agenda to reflect actions and members need to come fully prepared to discuss agenda items ▪ What is it that we are seeking to get out of an agenda item? ▪ Regional services are the things that we have the least amount of governance ▪ We don't want to be in the position about not actioning items.	have an issue from one DHB and look at efficiency and effectiveness which will be worked on before the next meeting. ▪ Principles and clear direction guidelines to be completed	
2.6	**MHSOP Continuum of Care Guidelines**	▪ Previous discussions held with regards to this are that feedback is not given. Discussions to be held further on what to address with regards to report.	▪ Review recommendations at local level	All
2.7	**P&F Alliance Leadership Team**	▪ First meeting held on Tuesday, 5th. Chaired by Andrew Boyd and attended by 5 GM's and 2 PHO"s, Graham, Tairawhiti, and a few others. ▪ Main coverage is of Health of Older Persons and Children. The powers and responsibilities of this group may need to evolve ▪ Healthshare is still unsure on what the process is with Planning and Funding ▪ Graham will continue to monitor P&F alliance functioning and keep us informed		
2.8	**Regional CEP Training Presentation & Discussion**	▪ Carried out in Lakes DHB. Is this applicable to the region? ▪ 6 staff were used to deliver the program ▪ Successful at DHB level ▪ Document of modules was tabled ▪ National training is being organised but unsure of what is included within the training	▪ 1 page summary to be completed and to include methodology ▪ Contact Michael if you would like the summary	Michael All
2.9	**Other Agenda Items**	**HealthShare Q2 Report** ▪ Discussions held with regards to page 33 & 34. These reports are not designed for our group to discuss ▪ Do we want to check these reports with Eseta before they go out? Everyone agreed that this needs to happen **GM Papers for Comment** ▪ Inpatient admissions within Midland – Should Eseta get feedback from the 5 DHB's to discuss at next meeting? ▪ Received draft document and we would like Eseta to hold in folder until	▪ Repatriation of Forensic Clients Report to be included in next agenda. ▪ Send response to Graham's letter to Belinda.	 Maureen

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		something gets raised as an issue ▪ KPI project – Discussed at national forum and each region needs to support and fund. Motion carried that this report is endorsed by this group. ▪ Circulate the draft of the Regional Service plan and discuss at the next teleconference.	▪ Agenda item for next meeting	Akatu
3.0	**Meeting Concluded**	▪ **1.20pm**		
3.1	**Next Meeting**	▪ **12 March 2013 - Teleconference**		