

Present: Belinda Walker & Eseta Nonu-Reid (HealthShare Ltd), Prof Graham Mellisop (Chair), Jeff Bennett & Rees Tapsell (Waikato) Marita Ranclaud & Michael O'Connell (Lakes), Missy Katipa (Tairāwhiti), Sue Mackersey (BO), David Benton (BOP), Rachel Poaneki (presentation only - Waikato DHB) & Jane Hope (minutes)

Apologies: Hester Swart & Wendy Langlands (Taranaki), Maureen Emery & Mary Smith (Lakes), (Te Pare Kingi Meihana (Tairāwhiti), Andrew Boyd (HealthShare)

No Response: Joanna Jastrzebska

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Graham welcomed everyone and called the meeting to order 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> Minutes of the previous meeting were approved 		
1.2	Matters Arising	<p>The following matters arising could not be discussed as members who had tabled them were not present</p> <ul style="list-style-type: none"> Youth Forensics Letter MoH Letter – Benchmarks for Graham TUMT MoU Update Adult Forensic Update <p>Te Pou – Midland Workforce Role</p> <ul style="list-style-type: none"> Midland has recently re-contracted with Te Pou for an additional three years for the workforce role – the role has changed into a Workforce planning role All Workforce coordinators are changing into planning and strategic roles rather than a practical role – how does this help us? Once the new contract is signed off, Eseta will circulate the specification for feedback – the drive for this comes from stakeholder feedback Robyn Shearer is due to attend and present at next meeting pertaining to the changes of this role. Need to ensure Robyn presents a summary of feedback from survey regarding what Te Pou will be providing going forward, how it fits into Midlands' requirements and the needs of the collective group We need more practical support particularly around changes that are occurring. Our priorities are developed at local level therefore not sure how 	<ul style="list-style-type: none"> Carried forward Circulate signed off specification to JDs Specify details required from Robyn to present at August meeting. Ensure members attend meetings. 	<p>Hester Marita Maureen Rees</p> <p>Eseta Eseta</p> <p>All</p>

No.	Topic	Discussion Points	Planned Action	By
		<p>this change to the planning/strategy roles will assist Midland</p> <ul style="list-style-type: none"> ▪ The feedback needs to support the idea there is a strategic gap ▪ The Werry Centre who has been offering training previously will be pulling back on that training and Midland will now have to pay <p>Attendance</p> <ul style="list-style-type: none"> ▪ It was requested that all members present need to go back to their DHB and press upon the CDs the importance of attending regional meetings as it makes it hard to conclude projects that need input from everyone ▪ There can be no complaints if they don't like the outcomes if they don't attend. It was suggested a set of questions could be created and circulated before meetings so there are then two mechanisms for feedback and debate. 	<ul style="list-style-type: none"> ▪ Create questions to circulate before meetings. 	Rees
2.0	AGENDA ITEMS			
2.1	Regional Addiction Presentation	<ul style="list-style-type: none"> ▪ Please refer to embedded document for presentation  <p>Midland Regional Addiction Services Fir</p> <ul style="list-style-type: none"> ▪ For TUMT the data shows that almost as many people did not complete the programmes in comparison to those that did. It was suggest that more investigation is required based around this ▪ Taranaki and Tairawhiti have not been using out of region services ▪ This group needs to be happy that the process of bed allocation is effective and efficient ▪ We need to know how other service providers are doing to check effectiveness of the providers we are using ▪ The data suggests there are questions to be asked. Midland maybe underutilising local services, while purchasing out of region services. There is a potential for efficiency by reallocating funding ▪ It was questioned what was unique about each provider, as several services have similarities. It needs to be determined who will benefit most from the unique aspects of each provider ▪ Forthcoming changes in the Alcohol and Drug Addiction Act need to be considered by Midland ▪ In order to be able to compare outcomes, completion/discharge rates for all providers are required ▪ Pre-care needs to be considered as well as post-care, as there is more chance of success if a client arrives at a residential bed already detoxed. ▪ Gate keeping needs to be done at regional level. There needs to be a 	<ul style="list-style-type: none"> ▪ Investigate data ▪ Draft summary for next meeting on “uniqueness of providers based on literature available from programmes” ▪ Obtain discharge / completion data ▪ Draft a process and criteria plan for next meeting 	<p>Eseta</p> <p>David</p> <p>Eseta</p> <p>Sue & David</p>

No.	Topic	Discussion Points	Planned Action	By
		<p>common triage process and rigid criteria which needs to be mapped and lay out why a referral is to go to a particular provider</p> <ul style="list-style-type: none"> ▪ All providers will have goals (e.g. how many completed programmes per year). These would be a good measure of effectiveness. Eseta confirmed this data is already available ▪ One main reason clinicians prefer certain providers is because of confidence in that service from past experiences ▪ Input from DHBs is needed as they have different pathways to access services ▪ It was recommended that a central Midland bed allocation access point and a allocation liaison group be established. ▪ We need to ensure we are not having the same discussion in three years' time 	<ul style="list-style-type: none"> ▪ Establish liaison group to coordinate access point 	Eseta & David
2.2	2013 Projects and Scopes	<p>Consumer & Family Whanau Competency Framework</p> <ul style="list-style-type: none"> ▪ Based on regional service plan Midland is currently developing the scopes to undertake these projects ▪ The framework has been requested by the Consumer & Family Whanau networks and will link into a national framework ▪ We decided to do this at a regional level to eliminate repetition of work for DHBs however need to include things that are working well in DHBs ▪ At the end of the project there will be competencies for the consumer and family whanau workforce – they currently have nothing in place which means these workers are vulnerable <p>Infant Maternal Stocktake</p> <ul style="list-style-type: none"> ▪ This is “high” on the regional agenda as there is a requirement from MoH for each DHB to have a plan based on Infant / Maternal stocktake ▪ This project will be a big tasks as work has been done in some DHBs and not in others ▪ Proposing to take a phased approach, the first phase focusing on secondary services and phase two on Wellchild, PHO and Whanau Ora ▪ It has also been proposed that a national Mother and Baby unit is established. Midland wants to be fully engaged to ensure those beds meet our needs and not just those of the urban districts ▪ It was suggested the framework of approach in the documentation from the MHSOP project which showed a tiered structure which was very helpful and should be followed in this document ▪ It was pointed out that the Waikato peri-natal service providers are in the NGO sector ▪ Roz Sorensen has been contracted to undertake this project 	<ul style="list-style-type: none"> ▪ Approved ▪ Ensure document adopts MHSOP Tiered approach. 	Eseta

No.	Topic	Discussion Points	Planned Action	By
2.3	PRIMHD Data Quality	<ul style="list-style-type: none"> ▪ It was not known what was required under this point as Hester was not present for discussion which she tabled for an agenda item ▪ ICD10 is New Zealand's standard system and there are no plans to move to DSM5, which is controversial, not necessary and ICD10 is the standard until there is change in policy at a national level ▪ It was suggested that training would be helpful, which Eseta was prepared to fund ▪ National discussion required – it is on the agenda for the national meeting ▪ Need to prioritise that people do not use DSM5 	<ul style="list-style-type: none"> ▪ Add to national CD Managers agenda. ▪ Discuss with John Crawshaw. 	Sue Sue
2.4	Inpatient Inter-district Flow GM Paper	<ul style="list-style-type: none"> ▪ Graham reported his concern that individual agendas are going on at the PF-ALT meetings, so Midland needs to make clear where we sit in relation to that group ▪ Inter-district funding – document has been submitted to PF-ALT – this has been given to them as notification, no comment or feedback is required. ▪ The inter-district flow document needs to make clear to other DHBs what “will and won't be paid for”. If the DHBs don't abide by it, they will not be paid for patients ▪ There is an issue that needs resolving regarding the different use of the term 'domiciled' between different DHBs ▪ The finalised document will be sent to the national GMs Mental Health meeting. PF-ALT will also receive a copy for their information only ▪ The content of document was agreed and acceptable by members present 	<ul style="list-style-type: none"> ▪ To be put on National agenda. 	Sue
2.5	MHSOP Continuum of Care	<ul style="list-style-type: none"> ▪ Paper by Mary Smith ▪ What is the proper area of discussion between Midland and PF-ALT? ▪ Any document that has been ratified through our process should go to PF-ALT by default for notification purposes only ▪ It is good for them to know we used a very integrated approach in this project ▪ This document is the most linked Midland has been with other areas of health 		
2.6	Regional Services Plan Feedback from NHB	<ul style="list-style-type: none"> ▪ Feedback to the strategic document from National Health Board and MoH has been circulated ▪ More information has been requested as this is a strategic document and it is not clear why they need this level of detail. It was suggested Midland go back to them for clarification ▪ Waikato is actively playing its part – all CEs acknowledge beds are a national resource, and they have been helping Auckland with their overload 		

No.	Topic	Discussion Points	Planned Action	By
		<ul style="list-style-type: none"> Eseta requested approval for wording and will amend RSP Efficiency and effectiveness are key tasks for clinical governance so it was recommended to include a clause under G3: <i>“Efficiency and effectiveness are core aspects of services that are to inform funding decisions for those areas that are important for Midland.”</i> 	<ul style="list-style-type: none"> Amend document to add efficiency and effectiveness clause 	Eseta
2.7	Other Business	<p>DAO Forum</p> <ul style="list-style-type: none"> The Midland regional DAO forum will be held on 18 July in Tauranga The theme for the forum is “Working with the Police” All attendees have been asked to promote the event <p>Meeting with CDs</p> <ul style="list-style-type: none"> Rees requested a meeting be held for CDs to discuss High and Complex Needs including common definitions 	<ul style="list-style-type: none"> Promote event To be arranged 	All Rees & Sue
3.0	Meeting Concluded	<ul style="list-style-type: none"> 12.30pm 		
3.1	Next Meeting	<p>Teleconference: Dial in 083033 and Pin 531483 Date: Tuesday, 11 June 2013 Time: 9.30am – 11.30am</p> <p>Please note: The “dial in” number is different from calendar appointment, please use the above (we pay)</p>	Please confirm attendances to future meetings – in particular the face to face where catering is required	