

Present: Akatu Marsters, Eseta Nonu-Reid, Graham Mellsop, Maureen Emery, Marita Ranclaud, Jeff Bennett, Sue Mackersey, David Benton, Hester Swartz & Wendy Langlands

Apologies: Rees Tapsell, Te Pare Meihana-Kingi, Fiona Bolden, Michael O'Connell, Belinda Walker, Phyllis Tangitu

Absent: Joanna Jastrzebska

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Graeme thanked everyone for dialling in Apologies read 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> Previous minutes accepted by all with the addition – Maureen's apologies to be included in the previous minutes 		
1.2	Matters Arising	<p>Kim Allbrick Presentation</p> <ul style="list-style-type: none"> Kim Allbrick has replace Memo Muso at the MoH – follow up with Rod Bartling re Kim to present at the next face to face meeting <p>Rod Bartling</p> <ul style="list-style-type: none"> Follow up with Rod re information newsletters with updates from MoH pertaining to regional and national forums so no duplication <p>Midland Regional AOD Residential Service</p> <ul style="list-style-type: none"> Presentations are completed around the projects and models <p>Final Springhill Letter of Service Agreement</p> <ul style="list-style-type: none"> Midland has signed off the agreement and awaiting Hawkes Bay to sign off document from their end 	<ul style="list-style-type: none"> Jeff to follow up action with Rod Jeff to follow up action with Rod 	<p>Jeff</p> <p>Jeff</p>
2.0	AGENDA ITEMS			
2.1	Minister Letter – Final RSP	<ul style="list-style-type: none"> Wording in the letter seems to be insipid however suggests a meeting face to face There are regional expectations, can we deliver and meet these expectations eg. Eating Disorders, High & Complex Needs etc <p>Perinatal</p>	<ul style="list-style-type: none"> Agenda item for next meeting – Expectations to delivery as a region 	

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		<ul style="list-style-type: none"> ▪ Teleconference has been organised to discuss the perinatal RFP process re tendering in terms of funding ▪ Stage one focuses on the Provider Arm services only as secondary and tertiary mapped out before we can look at Whanau Ora, Well Child etc – the MoH are not happy with this approach <p>High & Complex Needs</p> <ul style="list-style-type: none"> ▪ CDs have met to discuss this area and acknowledge there are issues that need to be addressed with actions points to be agreed to moving forward ▪ National work happening in Auckland, there is interest to see what is happening and the approaches ▪ A large number of reviews and gap analysis's have been made to documents and does not need to be done again as documents are still relevant <p>Discussion Notes</p> <ul style="list-style-type: none"> ▪ The expectations to be agreed upon as a region and approach mapped out ▪ Strong clinical leadership, linkages and work needing to be done in provider arm services – DHBs need to share the work that has been done as there are some good things happening ▪ Risk of actions, we become better informed of the gaps and process to manage stocktake with attempts to fill the gaps bringing capital restraints with hybrid services shifting into the community to manage at a lesser cost 		
2.2	Review Progress Against the Regional Forensics	<ul style="list-style-type: none"> ▪ Still waiting for Ree's sign off. Will attach to next meeting agenda 		
2.3	Supra Regional ED Model of Care	<ul style="list-style-type: none"> ▪ An Eating Disorders services meeting was held in Auckland attended by Sue as well as Lesley Watkins on behalf of Planning & Funding <p>Starship & Thrive</p> <ul style="list-style-type: none"> ▪ The current model for the Starship ED under 15's bed has not worked for Midland and is under utilised ▪ Midland did not want to purchase bed from Starship however there was pressure from MoH to purchase bed ▪ The Thrive bed has not been used as dissatisfied with this service, overall the uptake for utilisation of these beds has been poor for the region ▪ Thrive funding was redirected back to Midland and into DHBs for packages of care specific to EDs driven locally. THRIVE saw sense in local packages ▪ Northern region has the same view as Midland ▪ Counties Manukau do not have good access to ED services in ADHB <p>Model of Care</p> <ul style="list-style-type: none"> ▪ As part of the MoC two FTE for ED liaison positions in Auckland for tertiary 		

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		<p>services however our resources are guzzled up in secondary services (Waikato are using 0.4FTE)</p> <ul style="list-style-type: none"> ▪ In Midland it was agreed to withdraw the under 15's bed and the service to be provided locally. CDs and paediatric departments already have an expectation they are to provide a local service for under 15 year olds – all in agreement ▪ It would be unlikely a day service to be provided but is not excluded ▪ Agreement there needs to be access to consult liaison service leading education development, forums and provide second opinions of patient management ▪ Funding models need to be agreed, these have not rolled over and or been resolved to date – development work ahead ▪ MRCG agrees with the draft MoC in principle given that further discussion will occur on funding options to give sustainability to Midland 	<ul style="list-style-type: none"> ▪ Paper to be drafted for GMS sign off 	<p>Lesley Eseta</p>
2.4	<p>National Forensics Plan Development Letter</p>	<ul style="list-style-type: none"> ▪ Rees is sitting on the National Planning group and will provide an update at the November member ▪ Approached by Radio NZ to speak, there seems to be unhappy people not liking what discussions are happening to date ▪ The letter is an unfortunate way of communicating to the sector ▪ Issues challenging High & Complex needs and Forensics overlap as working with both client groups ▪ Processes and activities are not described, need to address and identify issues. National divers will need to be considered with H&C needs catered for in forensic services and may want to drive internally to meet outcomes ▪ Need to take this seriously and approach wisely 	<ul style="list-style-type: none"> ▪ Agenda item for next meeting ▪ Develop a plan of action and circulate prior to next meeting 	<p>Akatu Eseta</p>
3.0	<p>Meeting Concluded</p>	<ul style="list-style-type: none"> ▪ 11.10am 		
3.1	<p>Next Meeting</p>	<ul style="list-style-type: none"> ▪ 08 October - teleconference 		