


Present: Akatu Marsters, Belinda Walker, Eseta Nonu-Reid, Nathalie Esaiah-Tiatia (HealthShare), Pr Graeme Mellsop, Jeff Bennett (Waikato DHB), Michael O'Connell (Lakes), Sue Mackersey (BOP DHB)

Apologies: David Benton, Wendy Langlands, Hester Swart, Joanna Jastrzebska, Rees Tapsell, Te Pare Meihana-Kingi, Phyllis Tangitu & Maureen Emery

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Graham welcomed all to the meeting Apologies read 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> Accepted by all 		
1.2	Matters Arising	<p>High & Complex Needs</p> <ul style="list-style-type: none"> Enquire from MoH definition for High & Complex needs <p>Seclusion Minimisation</p> <ul style="list-style-type: none"> Need to have discussion on how to work collaboratively with Te Pou and Te Rau Matatini so we don't provide two sets of information Te Pou is providing updates on seclusion minimisation which is nationally led and DHBs are sponsored by HDC Need all DHBs have info around seclusion? Lakes TOR to be circulated to see how the group is functioning 	<ul style="list-style-type: none"> Follow up with MoH Circulate Lakes TOR for Seclusion 	<p>Eseta</p> <p>Michael</p>
2.0	AGENDA ITEMS			
2.1	Trauma Informed Care	<ul style="list-style-type: none"> Ended workplan for this financial year, this came out from planning pack that regions needed to look at and put on Regional Services Plan to do. There has been difficulty getting info for this area – need to see if this is something we want to purchase going forward This came out as part of the KPI project and is sponsored by the MHC with the project lead being Kawatea (Quality Improvement Services). Te Pou, MHC, DAMHS, GMs and Nurses are charged with leading this area Portfolio managers to get guidance from clinical governance groups No progress, need a rationale for quarterly reporting Quotes have been sourced for introductory workshops in Australia and the USA – the cost is high 		

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		<ul style="list-style-type: none"> ▪ Project scope to be developed at national meeting this week for feedback – the first chunk is completed with a detailed review of international literature ▪ Leave this at a national level which may draw out a way forward along with workforce development ▪ This is a priority in Lakes who are sourcing evidence based material from Canada and will see what they can use to develop their own 	<ul style="list-style-type: none"> ▪ Provide update from National meeting 	Sue & Eseta to connect
2.2	WF Priorities	<p>Workforce priorities for 14/15 to include in planning:</p> <ul style="list-style-type: none"> ▪ DAO forum – over two days held in Waikato area <ul style="list-style-type: none"> ○ Midland to provide support for June 2014 ▪ Regional maternal & perinatal require support ▪ Look at OST – need more information <p>Discussion notes</p> <ul style="list-style-type: none"> ▪ Look at gaps that better service our workforce ▪ Pathway coordinated through Midland office to link MRCGN to provide working briefs of what is happening in the region ▪ MRCGN to support other regional networks 	<ul style="list-style-type: none"> ▪ To advise DAMHS ▪ Assist with planning forum 	Nathalie
2.3	National Forensics – Catherine Coates MoH	<ul style="list-style-type: none"> ▪ The National Forensics framework is currently in its early stages of planning ▪ This was developed in 2010 and was not well supported by services nor signed off by cabinet as this was very descriptive of current issues at that time. It was evident that there is a need for a forensic framework or plan <p>Sourcing of Information</p> <ul style="list-style-type: none"> ▪ Forensic services in DHBs for Service Descriptions to see what is happening to help build picture and to see what services can learn from each other ▪ PRIMHD data to get a picture of patient numbers ▪ Census is the last resort <p>What do we want to see in this framework, what do you want to see at a national level?</p> <ul style="list-style-type: none"> ▪ Standardisation of information ▪ Ratio's in framework eg. staffing numbers etc (unprotected resource) ▪ Issues with national forensic beds with the overflow from Auckland with high & complex clients that need assistance but cannot get clients in – there is no clear direction about “what national beds mean?”. Need legitimate ways of caring outside normal ways of care ▪ Broader continuum to include high & complex – DHB forensics services do not do high and complex anymore ▪ Topslice before DHB allocation – need to separate high & complex that DHB pays and topslice for forensics as these overlap and being absorbed in super regional service 		

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		<ul style="list-style-type: none"> ▪ National beds with different pathways – standard in and out need to be the same ▪ Need to be clear about “what the plan will look like”, national should not be exposed to local pressure ▪ The language/terminology for forensic high and complex needs clarification to stop confusion to fit the continuum, as groups of clients in forensics fall into high risk ▪ Need to step back and describe what “success” looks like and compare this with the model ie. test and validate the framework ▪ Gather data via DAMHS etc and compare info received from services, a combination of quantitative and qualitative information <p>Steering Group</p> <ul style="list-style-type: none"> ▪ Steering group for the framework is an inhouse group only and will eventually develop. Suggest Sue & Rees to represent Midland when opening occurs ▪ Need a mix of views on this group, Dr David Chaplow can provide a forensics perspective and need to include planner and funder in the mix <p>Forensic Futures</p> <ul style="list-style-type: none"> ▪ Expired in 2013 and cannot be written until the framework is ready ▪ Will be out in 2014 ▪ National health board to be advise by MoH ▪ Produce strategy now and framework to align (this may need to be done) ▪ Need the master plan to see what the priorities are for Midland ▪ Strong implications with flow ons need to be known regionally so can look at resources ie. may have to look at local solutions eg. inpatient services ▪ Stepdown supports does not include beds or units and where there maybe equity in other regions we don't have that in the Midland region 	<ul style="list-style-type: none"> ▪ Catherine to provide an update 	Catherine
2.4	Te Pou	<p>WF Planning Stocktake</p> <ul style="list-style-type: none"> ▪ Please refer to embedded presentation and notes <div style="text-align: center;">  <p>S:\LDHB Planning & Funding\Midland Regi</p> <p>Notes Presentation</p> </div> <p>Seclusion Reduction</p> <ul style="list-style-type: none"> ▪ Summary paper for leaders and managers was tabled ▪ National Nurses – (non Māori leadership saying that this is okay – changed how DAO's operated ▪ 6 years Te Pou have been working on this 		

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		<ul style="list-style-type: none"> ▪ Currently involved with all Midland DHBs ▪ Ask by HWFNZ and MoH to work alongside Te Rau Matatini to address mainstream workforce work with Māori and strengths working with Māori Health ▪ Evidence – Māori seclude less than other nationally <p>Regional PRIMHD Report</p> <ul style="list-style-type: none"> ▪ Multiple reports can be pulled from PRIMHD and made available to the region for benchmarking, analysis, trends and other uses ▪ Info on compliance for targets to be provided as the first report for group to view and use – Emma to provide for circulation to group 		
2.5	Update from Portfolio Managers meeting	<ul style="list-style-type: none"> ▪ Portfolio managers meeting held on the 05th November <p>Planning Package for 14/15</p> <ul style="list-style-type: none"> ▪ This is what DHBs pull together at local level ▪ 14/15 package sent out to DHBs ▪ Last years template identified two actions points for local DHBs ▪ There is a possibility some joint work could be done in DHBs and across region – PMgrs are interested to get input from MRCGN <p>RFP – Infant Perinatal Maternal MH</p> <ul style="list-style-type: none"> ▪ MoH allocating \$\$ to the region and want indication on how this will be applied to support mums and babes around the acute end ▪ Each DHB will submit into a regional document describing how they will apply funding (680k PBF used) ▪ Tairawhiti currently receive services from Central and have indicated they will be shifting services back in to Midland 	<ul style="list-style-type: none"> ▪ Provide a briefing paper for MRCGN ▪ Circulate to MRCGN 	<p>Jeff</p> <p>Eseta</p>
2.6	Other Matters	<p>National Groups</p> <ul style="list-style-type: none"> ▪ Some national groups are not mandated by DHBs or anyone in particular and future is unknown – there is expectation for these groups to grow ▪ Very little traction occurs between national group meetings with dissatisfied outcomes – is there room to line up pieces of works nationally vs regionally across the spectrum? ▪ Is there room for MRCGN to undertake some of this work in the future? Support acknowledged 		
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 1.20pm 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 03 December 2013 – Teleconference: Dial In: 083033 Pin No: 531483 		