

Present: Eseta Nonu-Reid, Nathalie Esaiah-Tiatia, Belinda Walker (HealthShare); Pr Graeme Mellsop, Jeff Bennett, Rees Tapsell (Waikato DHB); Marita Ranclaud, Michael O'Connell (Lakes DHB); Sue Mackersey (BOP DHB); David Benton (BOP)




Apologies: Mary Smith (GMs P&F), Phyllis Tangitu (GMs Maori), Maureen Emery (Lakes); Te Pare Meihana-Kingi (Tairawhiti); Wendy Langlands (Taranaki),

No response: Fiona Bolden (Midlands Health Network), Joanna Jastrebska (Tairawhiti)

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Graham welcomed everyone 	<ul style="list-style-type: none"> 	
1.1	Approval of Minutes	<ul style="list-style-type: none"> No corrections Minutes approved 	<ul style="list-style-type: none"> 	
1.2	Matters Arising	<p>Structure and functioning of IPC within model of adult MH&A care</p> <ul style="list-style-type: none"> Some confusion about what was required 	<ul style="list-style-type: none"> 	
2.0	AGENDA ITEMS			
2.1	Current Regional Issues	<ul style="list-style-type: none"> PFALT has been reviewed by Deloitte - Need more buy in from CE's etc. MRCG achieving smaller issue Prior to HealthShare there were clear lines of accountability – to GMS P&F and CE for sign off. No clear lines for approval now Need to communicate to Regional CE that we would like to know about t they view the mandates to committing to regionalisation of MH&A What added value does regional functionality give to local service provision? Need some tangible outcomes from regionalisation – no progress over last 3years Small DHB doing average job of specialist services <ul style="list-style-type: none"> Either give up some services or share resources Some resentment that HealthShare is taking funding away from services with nothing much coming back Going forward we need to be open and honest about services 	<ul style="list-style-type: none"> Continue attending PFALT Ring Ron Dunham to arrange a meeting Write to Ron outlining objectives for meeting with Graham, Rees and Sue 	<p>Graham</p> <p>Rees</p> <p>Eseta</p>

No.	Topic	Discussion Points	Planned Action	By
		<ul style="list-style-type: none"> ▪ Concerns raised about how we provide cover for smaller services. Look at more vulnerable services and develop regional solutions ▪ Seems to be huge ambivalence about regionalisation and a lack of commitment to the process. Appears that there is a defending stance to individual kingdoms ▪ Midland Regional Clinical Governance network doing some important pieces of work but we need a clear decision of what we can do ▪ Strategic accountability murky. MRGN not answerable to HealthShare ▪ Chair and group of Clinical Directors to have open discussion with Ron Dunham in the issues of sub-regionalisation and regionalisation of MH&A services – problems, issues, possible solutions ▪ Are CEO's committed to PFALT/Regionalisation or not – and what does that look like? Regional responsibility lies somewhere but where? ▪ Agreement to begin looking at regionalisation in real terms and what opportunities there are for regional and sub-regional gains ▪ Some bits of work done recently that can feed into the discussion. What leverage can we get movement on. Resourcing difficulty in small districts 		
2.2	High and Complex Needs discussion	<ul style="list-style-type: none"> ▪ Definition and group very variable. McGeorge definition out of date ▪ Auckland 5 have 3 dot points that align to McGeorge definitions ▪ Looked at regional secure unit for H&CN but not viable. GMs decided not to go with it. Some sub-regional discussion. Need more secure location but no money for it ▪ H&CN a priority for MOH as a number of regions have not responded to the strategy of H&CN ▪ Longer term secure facility identified in Point 2 – all struggle with ▪ Forensic services are the only ones with facilities to manage people ▪ Waikato will have 6 beds soon. BOP taking over RSA flats to provide service ▪ What are each local districts going to be doing to ensure needs are met without using existing Inpatient Units and Forensic beds? ▪ What have we got regionally that could be converted within current budget ▪ Can't be a short term solution – need to be a long term strategy ▪ Better managed by provider arm services ▪ Sue offered David Chaplow as a regional resource to take the lead of a stocktake of current services and provide information for any P&F decisions about H&CN 	<ul style="list-style-type: none"> ▪ Prepare project scope for Clinical Governance approval ▪ Liaise with Auckland Service to determine how they manage this group of people 	Eseta Sue Rees
2.3	Overall model of adult MH&A care	<ul style="list-style-type: none"> ▪ Not all individual DHB represented today ▪ Park this until all DHBs are present 	<ul style="list-style-type: none"> ▪ Follow up with Taranaki and 	Graham

No.	Topic	Discussion Points	Planned Action	By
		<ul style="list-style-type: none"> ▪ Share ideas of 5 DHBs of model of care ▪ Should discuss overall model of care before components ▪ Defer until next F2F meeting in May <p>Inpatient Care MoC</p> <ul style="list-style-type: none"> • It was agreed by all that this piece of work is very important ▪ Sponsor group of people best places to do the themes, benefits and challenges and prepare presentation – working party from each DHB ▪ Sponsor continued meeting for Inpatient Unit staff – 2 reps from each DHB ▪ ½ day summit of cluster group – show and tell – champions, team leaders DOMs, people managing Inpatient Units, and clinical directors ▪ Useful if we use Auckland 5 o that we can compare the same things 	<p>Tairawhiti</p> <ul style="list-style-type: none"> ▪ Organise 2-3 people from Inpatient Unit to feedback common themes and gaps ▪ Organise meeting in Waikato before next F2F ▪ Michael and Sue to attend meeting ▪ Send agenda template to Sue 	<p>Each DHB</p> <p>Eseta</p> <p>Eseta</p>
2.4	Regional Addiction Residential Services Model of Care	<ul style="list-style-type: none"> ▪ Slides provided last year. Criteria approved by MRGN ▪ Waikato have undertaken a project on their model of care ▪ What are the next steps ▪ Considerable under provision by some providers ▪ What is the relevance of WDHB and David's paper <ul style="list-style-type: none"> ▪ Common approach to service ▪ Common approach to which services add value ▪ David's' paper and WDHB's Continuum of care are criteria to accessing regional beds are complimentary ▪ Clearly of a view of common processes of entry and rethinking of funding model ▪ Which service providers meet the levels identified ▪ Match model of care from WDHB document with the "who" from David's document ▪ Possible reallocation of funding needed. Perhaps fund regional clinical admin time to coordinate regional bed utilisation ▪ Also need to take into account providers individually contracted now e.g. Odyssey House ▪ Make sure current resources are managed. Look at what we could to better at Midland level ▪ Who are the residential providers who come up to par? ▪ Why not purchase regional beds individually and managed by each DHB? ▪ Need for higher end AOD in region rather than sending people to South Island 	<ul style="list-style-type: none"> ▪ Develop paper to GMs P&F with recommendation on efficiently for CG to consider 	<p>Marita, Eseta, David</p>

No.	Topic	Discussion Points	Planned Action	By
2.5	OST Forum Proposal	<ul style="list-style-type: none"> ▪ Paper tabled by Sue ▪ Practitioners isolated. National forum expensive to attend ▪ Propose hold a regional meeting 2 times a year to get OST teams together: <ul style="list-style-type: none"> ▪ Staff feel challenged by what they need to do ▪ Develop consistent models of care and recovery ▪ John Cranshaw proposes Section 24 changes – lead clinician at DHB responsible for delegating authority for methadone prescribing ▪ include GPs who are prescribing ▪ Approved unanimously by group ▪ Accommodation and venue cost to be covered by Midland within this financial year. Travel will need to be costed to individual DHBs. 	<ul style="list-style-type: none"> ▪ Take lead for first meeting which will include developing TOR ▪ Send date and template to Sue and David 	Sue David Eseta
2.6	Intensive Clinical Support Funding	<ul style="list-style-type: none"> ▪ iCAMHS under considerable pressure with big youth focus from Gov. ▪ Gateways – some funding that CYFS got to allocate for the work being done with high needs. Youth Horizon Trust have been contracted but CYFS has decided that only DHBs that do not have existing contracts with YHT will be funded. This means that BOP and Waikato miss out. ▪ There was no discussion with DHBs about this ▪ CYFS have made this decision based on Vulnerable Children and identified that Taranaki and Lakes had the need ▪ New funding id for 40 children needing clinical support and positions funded ▪ DHB's set up to deliver a lot of intensive services without extra funding ▪ All recipients must meet the iCAMHS criteria ▪ Advise CYFS of concerns about inequity – all iCAMHS are under pressure and any new funding for gateways should go across Midland ▪ Carmel is dialling into next teleconference of OP&F 	<ul style="list-style-type: none"> ▪ Draft letter to Carmel and send out to group to make decision ▪ Send minutes from gateway meeting to group and summary of facts presented <div style="text-align: center;">  2014-01-30_MRN_MSD_Gateway Worksh </div>	Sue Eseta
2.7	Standing Items	<p>PRIMHD / Decision Support update</p> <ul style="list-style-type: none"> • Belinda provided an update on HISO <p>Workforce Leadership update</p> <ul style="list-style-type: none"> • Acknowledgement of participants from surveys • Waiting on feedback and data • Change of date that Workforce Stocktake • Nathalie will provide her report in the minutes • Attended Themes Conference which was about Trauma Informed care • Report on Themes will be sent out separately <p>• Project Updates</p> <ul style="list-style-type: none"> ○ Final Perinatal Infant Phase I Report - approved by Clinical 	<div style="text-align: center;">  PRIMHD Programme Structure - Reduced s </div> <div style="text-align: center;">  140304 More Than Numbers - Workforce </div> <ul style="list-style-type: none"> • Send report out 	Nathalie

No.	Topic	Discussion Points	Planned Action	By
		Governance <ul style="list-style-type: none"> ○ Whanau & Consumer Summits Evaluation Final Report – for information – FYI only ○ Phase II Perinatal Infant Project scope – now starting. Development of continuums of Care and line up to Phase I. Should give context at regionally level about how we have got there. 		
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 1.15pm 	<ul style="list-style-type: none"> ▪ 	
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 04 March (teleconference) 	<ul style="list-style-type: none"> ▪ 	