







10.00am, 09 October 2014, Distinction Hotel, Rotorua

Present: Akatu Marsters, Nathalie Esaiah-Tiatia (HealthShare), Andy Walford, Kim Merrett, Paula Abbey, Sally Whitelaw, Sue Mackersey (10.45am), Tim Philson, Vivienne Parker (BOP DHB), Sarah Barkley, Sandra Heald, Sue Coleman (Lakes DHB), Linda Gibson (Tairāwhiti DH), Anthea Williams, Sue Hughes, (10.30am), Belinda Rouse, Nicola De Marchi, Patricia Anderson, Sumita Sumita, Raewyn Crow, Maggie Armstrong, Lisa George, Gayle ? (Waikato DHB), Kate Stewart (1.45pm)

Apologies: Tony Farrell, David Chaplow (BOP DHB), Peter Doorbar (Tairāwhiti)

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> ▪ Akatu welcomed all the meeting and opened with karakia ▪ Introductions by all ▪ Meeting hosted by Sarah Barkley (Lakes DHB) 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> ▪ Minutes were discussed and accepted 		
1.2	Matters Arising	<ul style="list-style-type: none"> ▪ No matters arising from previous minutes <p>Medication Dose</p> <ul style="list-style-type: none"> ▪ Subxone doses are different within DHBs ranging from 18 to 24 dependant on person and motivation ▪ Subscribed to those who cannot take methodone 		
2.0	AGENDA ITEMS			
2.1	Draft Terms of Reference	<p>Purpose of the Group to be completed</p> <ul style="list-style-type: none"> ▪ Refer to embedded final draft TOR  <p>Final Draft_Midland OST_TOR_Oct14.doc</p> <p>Other discussion notes:</p> <ul style="list-style-type: none"> • Key objectives and purpose are similar • Consistency, standardisation, best practice, safe practice • OST forum to have those challenging discussions • Group supervision and case study 	<ul style="list-style-type: none"> ▪ Amendments to be made and circulated ▪ Source Consumer & Family Whanau representation on this group 	Midland team

No.	Topic	Discussion Points	Planned Action	By
		<ul style="list-style-type: none"> • Midland approach – confidence of services in the region • Services are different in comparison with cities and rural – issues with transport, isolation, access and navigation particularly when Midland is a broad geographical area – one size does not fit all!! • Strengthening relationships with GPs, chemist, nurses, consumer, whanau 		
2.2	Break Out Groups	<p>Please refer to embedded presentation – presented by Sarah</p>  <p>OST Presentation.pdf</p> <ul style="list-style-type: none"> ▪ Rules & regulations that sit beside OST ▪ Guidelines – DHBs updating policies & procedures to align to guidelines ▪ Client perceptions see services as being in control – need to be transparent and include them in the process rather than tell them ▪ Harder to get consistency within teams let alone a region <p>Participants split into four groups to look at:</p> <ol style="list-style-type: none"> 1. Psychosocial interventions 2. Specialist / primary – shared care 3. Organisational factors 4. Advocacy, attitudes & education <p>Please refer to embedded feedback</p>     <p>Advocacy and Attitude Notes.pdf Organisational Factors Notes.pdf Primary Care Notes.pdf Psychosocial Intervention Notes.pdf</p>	<ul style="list-style-type: none"> ▪ Send through “Drug Free policies” 	All
2.3	Midland Clinical Workstation Project	<ul style="list-style-type: none"> ▪ Kate Stewart provided an overview of the Clinical Workstation project undertaken in the Midland region ▪ Midland are adopting the West Coast solution for clinical workstation ▪ Each of the 5 DHBs worked together to identify processes in local and regional services to agree on the competency of pathways – found similarity of processes ▪ Current work on the Service Provision Frameworks for all the 5 DHBs and looking at common sets of processes, standards and pathways specific to services to agree on commonalities – the mapping has been completed and common processes identified – <i>handouts provided to group</i> 		

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		<ul style="list-style-type: none"> ▪ Next step will be focused on ‘specialised services’ including OST and the management of clients into services (triage) ie. Contact referral ▪ The HealthShare IS team are included in the process – this process is being driven by clinicians informing IT rather than the other way around ▪ The pathways have been distributed to the 5 DHBs for everyone to look at and share and inform teams of this piece of work ▪ Pathways do differ in DHBs, where this does not fit will become a local process (rather than regional) ▪ Documentation will sit alongside the specialist pathways – agreed Mental Health forms with standard information which can be loaded into information systems. The system can be tweaked if changes and additions need to be added ▪ West Coast has a privacy settings to allow people different levels of access to information ▪ DNA is a separate piece of work and pathway <p>Representatives for each DHB on Project Steering Group:</p> <ul style="list-style-type: none"> ▪ BOP – Sue Mackersey, Eileen Hughes ▪ Lakes – Michael O’Connell, Belinda Walker ▪ Tairāwhiti – Debbie Barrow & David Stevenson ▪ Taranaki – Sharat Shetty & Ross Ekdahl ▪ Waikato – Rees Tapsell, Virginia Endres 	<ul style="list-style-type: none"> ▪ Important for all to check pathway and come to agreements 	
2.5	Review of Day	<p>Where to from here?</p> <ul style="list-style-type: none"> ▪ Consistency approaches <ul style="list-style-type: none"> ○ CWS ○ Standardised forms ▪ What came up during the day <ul style="list-style-type: none"> ○ Suboxone dosing average ○ Consumer representation ○ Whanau representation ○ Rural vs Urban ○ Psychosocial interventions 		
2.6	Next Agenda	<ul style="list-style-type: none"> ▪ DNA – approach (first contract) (AoD getting pulled into MH policies) ▪ Regional rounds ▪ Case presentations – what we don’t do well needs to be discussed to look at idea’s and provide feedback (2 hour timeframe) ▪ Open space with topics on board so all can contribute – time limited with purpose rather than a complaints session 		

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		<ul style="list-style-type: none"> ▪ Call for additional agenda items in advance of the hui <p>Next meeting:</p> <ul style="list-style-type: none"> ▪ Waikato to host the next forum ▪ 6months time (March / April) 		
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 3.00pm 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 6months time / March or April. 		