





Present: Eseta Nonu-Reid, Marita Ranclaud, Tom Scott, Lesley Watkins, Rachael Poaneki, Katherine Fell, Akatu Marsters

Apologies: Connie Hui, Jenny James – fogged out

No.	Topic	Discussion Points	Planned Action	By
1.	Whakatau / Welcome	<ul style="list-style-type: none"> ▪ Eseta welcomed everyone ▪ Welcome to Tom Scott – new Portfolio Manager in Tairāwhiti region ▪ Eseta volunteered to chair meeting 		
1.1	Apologies	<ul style="list-style-type: none"> ▪ As per above 		
1.1	Minutes of previous meeting	Minutes to be amended following feedback		
1.2	Matters Arising	<p>Te Kokiri Template</p> <ul style="list-style-type: none"> ▪ Eseta thanked everyone for completing Te Kokiri template the Annual Report with common themes across the region <p>GST Contract Clause</p> <ul style="list-style-type: none"> ▪ Distributed by Katherine <p>National Portfolio Meetings</p> <ul style="list-style-type: none"> ▪ National portfolio meetings – need to get these up and running in the North Island again ▪ Developed some better communication strategies – requesting info always, not give back outcomes) face to face for video conference ▪ Key documents from the MoH around information and PRIMHD amalgamation which was presented to Te Kokiri Advisory Group ▪ Review of data over the last 4 year – Ian putting out quarterly report which is all Provider Arm based. NGO not included. NGO may dispute the differences in prices, however good to see comparisons <p>Whanau Ora – Taranaki Rohe</p> <ul style="list-style-type: none"> ▪ 17 June a review will be held in Taranaki to develop regional processes, defining what Whanau Ora means regionally – outcome in June is an informal discussion 	<p>Send copy to Eseta</p> <ul style="list-style-type: none"> ▪ Eseta to talk with Ian 	<p>Marita</p> <ul style="list-style-type: none"> ▪ Eseta

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		<ul style="list-style-type: none"> ▪ GMs Maori should be leading into the discussion around Whanau Ora ▪ MH services is Whanau Ora based but not sure if this is aligned with National vision ▪ GM Maori Health have hui every 2 month – not addressing what are they wanting from us ▪ Whanau Ora outcomes – Turia has pilots in place and 2 are coming to Midland region, why are we not investing in the frameworks already established? Do see solutions for investment, non regulated works having training they won't invest in it ▪ Unfortunate they are spending on hui with no outcome 		
1.3	Regional Updates (Confidential)	<ul style="list-style-type: none"> ▪ Updates emailed to Akatu have been disbursed to Portfolio Managers 		
2.	AGENDA ITEMS			
2.1	Meeting on Next Phase of RSS Issue Work	Residential Subsidiary Service <ul style="list-style-type: none"> ▪ Email correspondence tabled ▪ Template was sent for everyone to respond to – Eseta thanked Katherine Issues Identified <ul style="list-style-type: none"> ▪ From a Portfolio Managers point of view this is not an area we have a lot to do with – more so for Social Workers ▪ Issues around payments – New Zealander receiving a benefit overseas returns to the country – WINZ top up and Planning & Funding payment ▪ Joan Mirkin & Andrew, they did not see it as major issues, providers needed to work out with local Planner & Funder ▪ Government will start pushing them, not enough knowledge to benefit from the system – not mental health related, need someone with more expertise – this is a specific issues for Providers ▪ Government going to start pushing them – not enough knowledge to benefit from system to be any use to (not mental health related) need someone with more expertise. 	<ul style="list-style-type: none"> ▪ Continue to represent Midland region on this group ▪ Canvass Social Work Advisors for feedback 	<ul style="list-style-type: none"> ▪ Eseta ▪ Eseta
2.2	ED Supervision Training Update	<ul style="list-style-type: none"> ▪ Contract has been renewed with ADHB for this service ▪ Have not received reporting for the past few months – who has attended? Marita will keep chasing the information ▪ January to January to contract – split up the contract, A+ to provide supervision component and Midland Regional network to hold training funding ▪ Funding of ED scholarships “Fairburn & Gellar” have been very well received by the sector ▪ The group agreed that this was working well 	<ul style="list-style-type: none"> ▪ To be followed up 	<ul style="list-style-type: none"> ▪ Marita / Eseta
2.3	ED NDSA Partnership	<ul style="list-style-type: none"> ▪ Katherine represented Midland Portfolio Managers on the RFP for the over 15 residential and 	<ul style="list-style-type: none"> ▪ Talk to Ian – table this as 	

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	Update	<p>day programme which took five days</p> <ul style="list-style-type: none"> ▪ RFP has recommendations for residential rehab component ▪ Refer to embedded document for further discussion of ED NDSA agenda items update for 22 April 2010 <div style="text-align: center;">  <p>Microsoft Word Document</p> </div>	<p>discussion, - clinical pathways to Starship, how do we access? Data collection</p> <ul style="list-style-type: none"> ▪ Call ED regional group together at the beginning of July to meet 	<ul style="list-style-type: none"> ▪ Eseta ▪ Eseta
2.4	Midland Updates	<p>Papers were submitted to GMs</p> <p>Under Spend</p> <ul style="list-style-type: none"> ▪ There is an under spend of \$100k+ ▪ Recommended the wash-up to either return to DHBs or move over to 10/11 financial year ▪ The GMs do not want to washup and would like to see how we are going to spend this money ▪ DHBs to spend the value of their PDF share needs to be relevant to your DHBs needs ▪ Final figure will be available at the end of June <p>Suggestions:</p> <ul style="list-style-type: none"> ▪ Implementation of PRIMHD, Waikato and BOP have a lot of NGO providers and hours of training put in with cost to do that – need extra monies. Put money into an extra trainer ▪ AOD competencies project so there is consistency across the region in what we accept as clinical qualifications for AOD staff. The group agreed to this project ▪ Clinical projects that impact across the local district where the Midland Regional Network can provide support e.g. funding, participation, facilitation <p>PRIMHD Update</p> <ul style="list-style-type: none"> ▪ PRIMHD paper for additional FTE approved and appointed ▪ Appointed FTE for 6months to provide technical support to PRIMHD <p>Methamphetamine Strategy</p> <ul style="list-style-type: none"> ▪ Submitted to the GMs – discussion points to be raised at MoH meeting. ▪ Lakes and Eseta apologised as have prior commitment that can not be shifted <p>ED Training update = GMs agreed for the scholarships</p> <ul style="list-style-type: none"> ▪ GMs agreed to the scholarships <p>Midland Regional Network Update</p> <ul style="list-style-type: none"> ▪ General update of what the team has been doing with facts and figures - tabled ▪ PRIMHD Waikato numbers down – Scheduled for rollout in June 	<ul style="list-style-type: none"> ▪ Needs to go to GMs for approval – per DHB to get buy in from GMs ▪ Draft project scope 	<p>Eseta</p> <p>Eseta Rachael</p>
2.5	Te Pou PRIMHD	<ul style="list-style-type: none"> ▪ Please refer to embedded document <p>Overview</p> <ul style="list-style-type: none"> ▪ Brief background to outcomes ▪ What is happening nationally? 	<div style="text-align: center;">  <p>Microsoft PowerPoint Presentation</p> </div>	

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		<ul style="list-style-type: none"> ▪ The use of collecting outcomes ▪ Secondary use of outcomes reporting for the Midland region 		
2.6	NASC Alignment Project	<ul style="list-style-type: none"> ▪ NASC processes are inconsistent across the Midland region with little integration with one another. For example, Waikato has well established NASC processes but a couple of DHBs have developed their own processes around a single point of entry which has NASC central to the pathway. ▪ Need to do regional project – Request Roz to lead for Midlands ▪ Take good examples occurring and see how we can make approaches consistent with one another but still allow for local flexibility ▪ Need to look at what would constitute regional best practice – so individual DHBs can see how it could be done and use that to inform how we reconfigure things ▪ Historically Kaupapa Maori monies who do NASC are not people with major illnesses – tools to support us to move forward ▪ Draft guidelines have not been reviewed since 2001 – MH component is obsolete 	<ul style="list-style-type: none"> ▪ Draft project scope and circulate to everyone – project kick off in Mid July 	<ul style="list-style-type: none"> ▪ Eseta
2.7	Coexisting Disorders Project	<ul style="list-style-type: none"> ▪ Coexisting project should be picked up by everyone, every clinician should have a good understanding of coexisting services and have the same understanding ▪ We decided collectively to roll out 2nd from Central Region. We are in the process of setting up district by district workshops. Dates confirmed with all DHBs with last workshop in August ▪ Te Pou will deliver the Tools & Techniques, phase 2 of LGR Framework which is part of the 7 Real Skills ▪ Will be delivered to all in Sept & Oct (Provider Arm & NGOs) feedback is starting to come in for phase 2 ▪ Seitapu Plus workshop to be scheduled and will be advertised and rolled out in each region ▪ Midland Regional network roll out workshops to suit “region” not Te Pou and will tailor to reach each district ▪ People may become overwhelmed with all training frameworks rolling out and may not take up training opportunities. These are optional and you are able to pick and choose according to needs 		
2.8	Disability Support MH Interface Project	<ul style="list-style-type: none"> ▪ Eseta provided an overview of the project ▪ Scheduling 2 day workshops which are to be done by end of June, Eseta suggesting 1st week of July. Separate into DSS & MH workshops – Eseta will focus is on MH ▪ Structure workshops for small group meetings to include Service Manager Adult, Child & Youth and Needs Assessment Service. ▪ Meetings will be centralised and held in Hamilton 	<ul style="list-style-type: none"> ▪ Email to go out asking for names & to send dates, to include PMgrs into email ▪ Circulate reference group minutes 	<ul style="list-style-type: none"> ▪ Eseta ▪ Eseta
2.9	Other Matters	Autisms Spectrum Disorders		

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		<ul style="list-style-type: none"> ▪ EOI for children which mental health agreed we would not tender for as is a Paediatrics issue. The group acknowledged that mental health should be involved as part of the stakeholder group ▪ Document “ for early consultation” sent out to Portfolio Managers, this document was meant to be disbursed to individuals on the group only. ▪ Really good feedback received from Katherine ▪ Adult Autism does not have access to MH services responsibility not accepted, where there is a diagnosis ▪ Super regional service, expertise challenging behaviours – DHB will not priorities these types of behaviours ▪ Revised document is very confusing 	<ul style="list-style-type: none"> ▪ Wait until consultation comes out and provide robust feedback 	
2.12	Meeting Closed	2.30pm		
3.	Next Meeting	<ul style="list-style-type: none"> ▪ 11 August 2010 – Braeside Motel, Rotorua 		