




Present: Akatu Marsters, Katherine Fell, Jenny James, Lesley Watkins, Tom Scott, Connie Hui, Eseta Nonu-Reid (11.30am)

Apologies: Marita Ranclaud, Rachel Poaneki

Guest: Joan Mirkin, Roz Sorensen (12.45pm)

No.	Topic	Discussion Points	Planned Action	By
1.	Welcome, Elect Chair & Apologies	<ul style="list-style-type: none"> ▪ Chair: Katherine Fell ▪ Catherine welcomed everyone ▪ As per above 		
1.2	Previous Draft Minutes for Approval & Matters Arising	<ul style="list-style-type: none"> ▪ Previous minutes accepted as true and correct record by Katherine and Second by Tom Amendments <ul style="list-style-type: none"> ▪ Replace HealthPac to Sector Services Matters Arising & Actions <ul style="list-style-type: none"> ▪ Eseta to update on actions points when she arrives ▪ Tier 1 audit tools ▪ Domicile codes – was agreed (need to check with Eseta) CEP Plan Update <ul style="list-style-type: none"> ▪ Waikato CEO has confirmed they will be writing up a local plan, and the other Midland CEOs have been made aware ▪ Waikato happy to share local plan once its been through the consultation process Capacity Register <ul style="list-style-type: none"> ▪ Akatu to distribute to PMgrs 	<ul style="list-style-type: none"> ▪ Send Midland template to other areas ▪ Forward plan to Eseta ▪ To send to PMgrs 	<ul style="list-style-type: none"> ▪ Eseta ▪ Eseta ▪ Katherine ▪ Akatu
2.	AGENDA ITEMS			
2.1	Regional Updates (Confidential)			
2.2	Regional Addiction Beds	<ul style="list-style-type: none"> ▪ Lesley received an email from Mary Wills (Springhill) regarding restricted access to beds 		

No.	Topic	Discussion Points	Planned Action	By
		<ul style="list-style-type: none"> ▪ Providers are being told beds are available (all types) ▪ There is no consistency along the lines of utilisation ▪ There is no effective management process of this Midland resource and some are getting more use than their allocated share ▪ No contract or National agreement with Springhill – Midland has 3 beds which are managed by Hawkes Bay DHB ▪ Midland DHBs pay a percentage according to population base in the IDF ▪ Suggested one person develop a relationship with Mary Wills and Hawkes Bay with hope to get regular quarterly reporting to manage occupancy which then can be used to advise clinicians ▪ Utilise TUMT template for Springhill reporting ▪ Timeliness of reports from TUMT, Rongo Atea and Salvation Army – Midland needs to know what is available residentially – tracking of information <p>Continued Discussion at 11.50am</p> <ul style="list-style-type: none"> ▪ Eseta has confirmed use of template – Springhill are suppose to report monthly but has not happened ▪ Midland need to put together business rules around utilisation how we use our regional beds and send to the providers ▪ Washup – DHB utilise more than their allocated share ▪ In the past it was agreed Midland would stop using Springhill beds and put local processes in place. Bryan Glove put memo out to AoD stating not to use Springhill unless justification in place through planning and funding who would fund beds 	<ul style="list-style-type: none"> ▪ Lesley to make contact with Mary Wills ▪ Eseta to forward template to Lesley ▪ Follow up reports & circulate <ul style="list-style-type: none"> ▪ Each DHB manages population base of beds 	<ul style="list-style-type: none"> ▪ Lesley ▪ Eseta ▪ Eseta
2.3	Needs Assessment Programme	<ul style="list-style-type: none"> ▪ PMgrs are the key recipient to this piece of work ▪ Needs in the region and unmet need and find conclusion to close gaps – based on population basis ▪ The questions are: What's the needs, what is currently being provided, what is the gap? ▪ Are their gaps for certain demographics and on top what are the service gaps <p>Models</p> <ul style="list-style-type: none"> ▪ Tabled with the agenda ▪ All 6 models will be used to support the assessment ▪ Te Rau Hinengaro looks at prevalence ▪ Utilise prevalence data to look at demographics and match this to each DHB to give a picture of what the needs of the region overall and what DHB looks like. Eg. Maori age 16 – 42 MH group check prevalence from Te Rau Hinengaro and then demographic info from and each DHB 		

No.	Topic	Discussion Points	Planned Action	By
		<ul style="list-style-type: none"> ▪ Te Rau Hinengaro is done at a national level only not at regional or DHB level. Any DHB info received is a model not actual. ▪ Gaps identified will need to be prioritised by the Planner & Funders ▪ Primary MH and numbers trying to access... ▪ Benchmarking against national average (below what it should be) combine with prevalence data may get clearer picture <p>GAPs identified per DHB</p> <ul style="list-style-type: none"> ▪ Refer to the embedded document <div style="text-align: center;">  <p>Microsoft Word Document</p> </div> <ul style="list-style-type: none"> ▪ Next stage and pulling information report and disburse to everyone ▪ GMs have requested a process for monthly reports 	<ul style="list-style-type: none"> ▪ Check if you are able to access data from MEDTECH (GP) ▪ Eseta to circulate copy of Central region Gap Analysis by David Ramsden ▪ Joan to attend next meeting to present draft report 	<ul style="list-style-type: none"> ▪ All ▪ Eseta ▪ Joan
	<p>NASC</p>	<ul style="list-style-type: none"> ▪ Roz ran ruthless project to determine needs assessment and service coordination will work in the Midland region and devolved to DHB level ▪ Not one model is right – need to see what is happening in the DHBs and identify what is working best ▪ People move from place to place and access similar services based on their needs (this is occurring frequently) ▪ Otago/Southland – NASC services available in and outside the DHBs, people were able to shop around and look at another service – Otago/Southland now looking at one entry point and one set of criteria ▪ DSS looking at how they view NASC and their model and criteria for individualised funding packages <p>Questions to DHBs</p> <ul style="list-style-type: none"> ▪ How NASC services deliver? ▪ Have they change in the last 5 years? ▪ Identify – Strengths, Challenges & Opportunities / Provision ▪ Feedback in by Friday 08 October <p>Integrated NASC models</p> <ul style="list-style-type: none"> ▪ Integrated Model – who does assessment and service coordination ▪ MH over 65 referral received goes to accessibility ▪ MH under 65 to interim funding pool 		

No.	Topic	Discussion Points	Planned Action	By
		<ul style="list-style-type: none"> ▪ Supported accommodation and or Level 3 or 4 packages of care a dealt with by one person Feedback from MRCL Clinical perspectives (MRCL) Medical perspectives vs NASC assessment (more qualified can present argument logically, have more success with clinicians) tension between NASC decision vs Clinical decision - Roz will discuss questions with those names recommended by MRCL ▪ “NASC Name” – NASC in the Midland Region means?: ▪ How is NASC going to be efficient? ▪ How is NASC going to be effective? Feedback from NGOs ▪ Involve NGO sector – NASC services are delivered by NGOs (they do not get the NASC assessments) ▪ To get NGO stakeholders perspective as to how NASC works Audit Tools: ▪ Another round of amendments and send out for critique ▪ Service specification tools will be kept in the Service Framework library to access ▪ Tier 1 not compulsory to use ▪ Sign off will go through the GM Planning and funding forum Older Peoples Guidance Document ▪ Minister Coleman happy for this to go out to the sector for consultations, this will be out in 2 weeks for comment ▪ Claire Tenant is managing this document on behalf of Roz ▪ Older Persons Addictions document to be sent to PMgrs group ▪ Non Pharmacy Intervention for Dementia Service Specification for Primary MH ▪ There is no service specification ▪ Packages of cares Moderate to severe (packages of care) 	<ul style="list-style-type: none"> ▪ Advise NGOs Roz will be in contract ▪ Report will be presented in November ▪ Contact Roz at roz.sorensen@xtra.co.nz ▪ Eseta to add to Midland website ▪ Eseta to circulate monthly report ▪ Roz to send to Eseta to circulate ▪ Eseta to send to Lesley 	<ul style="list-style-type: none"> ▪ All ▪ Roz/Eseta ▪ Eseta ▪ Roz/Eseta ▪ Eseta
2.5	GM Papers Confidential			▪
2.6	General Business	MR DSS MH Interface project report – Katherine		

No.	Topic	Discussion Points	Planned Action	By
		<ul style="list-style-type: none"> ▪ Sue & Faye have circulated summaries of the meetings held ▪ Next step, is to continue across the rest of the country and then prepare a draft for feedback One off Midland Underspend proposals – Eseta ▪ Proposals have been received and invoices are being processed ▪ PMgrs to prepare an annual report for GMs report IDF ▪ High complex beds – washup for IDFs ▪ IDFs are signed off at a higher level Forensics ▪ Community & prison forensics the mix of services: ▪ Additional 6FTE signalled 3 years ago in Waikato area (realigning split) Update MRCL Meeting ▪ Katherine attended on behalf of PMGr <u>Plan & Acute Services Swap Shop – booklets tabled</u> ▪ <i>SWAP shop methodology and turned to actions...change inpatient delivery specifically for acute patient services</i> <ol style="list-style-type: none"> 1. Trust Seminar – Improving Care on Acute Patient Units (May 2002) 2. What Works? Inpatient Nursing Network 3. What Works? Inpatient Nursing Network – Action Learning Reader 4. Patient Information – For Adult MH Wards Project Group: Sue Mackersey, Rachael Aitchison & Te Pare, their role is to develop SWAP shop methodology <u>Ashburn Beds</u> ▪ Number of beds decreasing – price going up and charging privately ▪ Cutting health professional beds ▪ Midland beds need to go through MRCL <u>NASC</u> ▪ As per above Ideal Services & Statutory Management ▪ Large bill for level 3's ▪ Where is the funding coming from? Te Utohina Manaakitanga ▪ TUMT review – clinical addiction “Nurse 0.5 FTE” ▪ MoH certification (Marita and Eseta will be meeting with TUMT) 	<ul style="list-style-type: none"> ▪ Provide 1 page report for GMs annual feedback by 1st June 2011 ▪ Check with Waikato Analyst ▪ Eseta to send past Forensic minutes to Jenny ▪ Eseta & Marita to meet & discuss 	<ul style="list-style-type: none"> ▪ All ▪ Katherine ▪ Eseta

No.	Topic	Discussion Points	Planned Action	By
3.	Next Meeting	08 December 2010		

DRAFT