



Present: Akatu Marsters, Eseta Nonu-Reid, Belinda Walker, Marita Ranclaud, Lesley Watkins, Maraea Craft, Jenny James (teleconference), Julie (Waikato)

Guests: Deidre Mulligan, Kahu McClutchie & Rangi


Apologies: Katherine Fell, Rachel Poaneki & Connie Hui

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Meeting chaired by Eseta 		
1.1	Approval Previous Minutes	<ul style="list-style-type: none"> Amendments Approved as a true and accurate record moved by Marita and seconded by Lesley 	<ul style="list-style-type: none"> Forward Akatu, Katherine's amendments 	<ul style="list-style-type: none"> Eseta
1.2	Matters Arising	<p>Matua Raki - ADON</p> <ul style="list-style-type: none"> MoH are not looking at other outcome tools until 2014-2015 other than the HoNoS There is an option for Workforce centres to pick up this tool ADON is mandatory for methamphetamine residential services and some of the addiction providers are picking this up voluntarily. Currently no database however Matua Raki are looking at this but still in early stages The CADs team in Waitemata have picked up similar tool (ADDON) with good feedback and seen to be user friendly <p>NASC Contacts for Midland NASC Workshop</p> <ul style="list-style-type: none"> Eseta thanked the PMgrs for providing NASC contacts in their districts <p>CFU Interface</p> <ul style="list-style-type: none"> The IDFs have been signed off and sorted awaiting A+ to sign off Deidre brought in to do project for SLA and developing strategies around child inpatient <p>Midland Regional Dementia</p> <ul style="list-style-type: none"> Request to align to the Midland regional network – be good to include dementia to the Midland website Vivienne attended the launch of the Midland Regional Dementia Role on the 		

No.	Topic	Discussion Points	Planned Action	By
		<p>05 May</p> <p>Regional Swap Shops</p> <ul style="list-style-type: none"> ▪ Paper went to the GMs for the budget - due to cuts the swap shops will not be occurring <p>Midland Needs Assessment Report</p> <ul style="list-style-type: none"> ▪ In its final form need to follow up with Joan for additional sections to report ▪ A project will be undertaken for MHSOP services later this year <p>PRIMHD Update</p> <ul style="list-style-type: none"> ▪ Eseta thanked everyone for their feedback on the PRIMHD User Guide and Monkey Survey – this will be going out next week to the sector ▪ PRIMHD project concludes on the 30 June, support by GMs for 0.5 FTE PRIMHD Coordinator role to support the region <p>Kaupapa Maori Specifications Briefing to GM Maori</p> <ul style="list-style-type: none"> ▪ GMs Maori request approval for Kaupapa Maori equivalent to the 150 existing mainstream specs has been declined ▪ PMgrs Midland looking at own internal systems for tracking kaupapa services <p>Additional Clause (CEP objectives for DAPS)</p> <ul style="list-style-type: none"> ▪ Midland GMs P&F said NO to additional clause – Regional DAP will not be changed ▪ Current objectives are in line with Te Kokiri expectations and MH Action Plan ▪ Need clarification on medical detox bed which is sitting in medical component of services ▪ Need clarification on Regional forensic plan and identify high complex needs which are two separate components 	<ul style="list-style-type: none"> ▪ Follow up with Joan 	
2.0	AGENDA ITEMS			
2.1	Midland Projects Update	<p>Midland Needs Assessment Report</p> <ul style="list-style-type: none"> ▪ This is in its final stage ▪ Steering group met two weeks ago to approve and or decline feedback received from the region ▪ Feedback received by MHSOP was received and approved by the steering group ▪ Awaiting amended “Executive Summary”, “Reference List” and Foreword from Cathy Cooney <p>Midland Addiction Qualifications Project</p> <ul style="list-style-type: none"> ▪ Discussion paper will be out in the coming weeks, this will be circulated for feedback ▪ CEP competencies towards DAPANZ is a key criteria for clinicians at Level 		

No.	Topic	Discussion Points	Planned Action	By
		<p>3. This is linked to degree of competencies in alcohol and drug</p> <ul style="list-style-type: none"> ▪ There maybe challenges for DHBs, some may not meet the requirements ▪ There are diploma's and scholarships available through Matua Raki – Pam Armstrong will source career pathways and scholarships for staff ▪ Be good to get some consistency throughout the region – Ruth is happy to assist and provide support to DHBs <p>Midland NASC Project</p> <ul style="list-style-type: none"> ▪ Report will go to Mary for sign off ▪ Recommendations within the report to be implemented ▪ Workshop will be held on 19 May and invitations to NASC teams have been sent to attend. The outlook of the workshop will be to look at regional processes around standardise forms, competencies and other ▪ Will look at future forums for the Midland NASC teams according to Midland budgets 		
2.2	Regional Clinical Services Plan	<p>Midland Region, Clinical Services Implementation Plan 11/12</p> <ul style="list-style-type: none"> ▪ Tabled with agenda ▪ In the mental health component of the plan the MoH suggested objectives which were missed in the Clinical Services Plan – Eseta meeting with Peter Kennerley and Jenny Wolfe to discuss what has been sent to the Minister and will look at objectives for 11/12 for our region <p>Midland Regional Forensic Services Plan</p> <ul style="list-style-type: none"> ▪ A plan is already in place for the Midland MH&A ▪ Need clarity on bullets two and three of the Midland Region, Clinical Services Implementation Plan to see what happens to our objectives identified in our plan 	<ul style="list-style-type: none"> ▪ Update at next meeting 	<ul style="list-style-type: none"> ▪ Eseta
2.3	Midland Clinical Governance Project	<p>Overview</p> <p>This project will determine a more effective way of ensuring that key regional decisions have sound clinical leadership endorsement in a timely manner.</p> <ul style="list-style-type: none"> ▪ Deidre Mulligan brought into to lead the project ▪ Draft project scope tabled – this has been signed off at the GM level ▪ Current reps are a tight descriptive group of Clinical Directors and Service Managers <p>Reference Group</p> <ul style="list-style-type: none"> ▪ Expressions of interest went out to the region for the reference group ▪ Reference group pulled together from different perspectives to support Deidre, they are: © Rees Tapsell, Graham Mellsop, David Benton, Michael O'Connor, Luis 	<ul style="list-style-type: none"> ▪ Interview questions to be circulated for feedback – PMgrs to give feedback 	<ul style="list-style-type: none"> ▪ All

No.	Topic	Discussion Points	Planned Action	By
		<p>Villa, Belinda Walker, Marita Ranclaud, Anne Ridgway and Sue Mackersey</p> <ul style="list-style-type: none"> ▪ Group will be developing high level interview questions which will be circulated to PMgrs to feedback <p>Feedback</p> <ul style="list-style-type: none"> ▪ Not all Managers have a clinical background ▪ The target audience for group with severe MH&A ▪ Multiple definitions for “clinical governance & advisory” need a shared understanding and language ▪ Need to be clear where the group may head in the future ▪ Clarity around the role and function of the group and who should be sitting in this to be effective ▪ The leadership group to look at initiatives, issues an other from a National ⇒ Regional ⇒ Local level not in the opposite manner ▪ Clinical decisions to be made in isolation with NO planner & funder input ▪ Clinical directors think they have voice for the whole service, different stakeholder in different groups are needed to get their perception ▪ Different stakeholders from across the five DHB will bring good options for clinical governance and leadership ▪ A voice from Public Health could link into group to bring Whanau Ora perspective – there are some long standing groups in the MH sector who can bring a broader view with a Whanau Ora integrate approach <p>Next Steps</p> <ul style="list-style-type: none"> ▪ First teleconference will be held with reference group in 2 weeks ▪ Sign off the project scope ▪ Consultation with key persons in the region (face to face if possible) ▪ Report collated with potential options for clinical leadership ▪ Sign off end of June with flexibility to July <p>Feedback from Midland Clinical Leadership</p> <ul style="list-style-type: none"> ▪ Supported the approach of the project ▪ General theme around how does existing leadership forums fit with the proposed? ▪ Midland focus only not external relationships ▪ All age groups to be represented including CAMHS services and people working across the sector ▪ What adds value to Midland as a region (informed decision making) 		
2.4	Hua Oranga Tool – Te Rau Matatini	<ul style="list-style-type: none"> ▪ Please refer to embedded presentation 	<ul style="list-style-type: none"> ▪ Kahu will send out 	

No.	Topic	Discussion Points	Planned Action	By
		 <p>S:\LDHB Planning & Funding\Midland Regi</p> <ul style="list-style-type: none"> ▪ The following documents were tabled <ul style="list-style-type: none"> ○ Ora Database Manual ○ Clinician, Whanau & Tangata Whaiora Schedule 	<ul style="list-style-type: none"> ▪ the link to Ora Database – not to be circulated outside this group ▪ Contact Akatu for electronic copies 	
2.5	Midland MHSOP Draft Project Scope	<ul style="list-style-type: none"> ▪ The MoH draft Dementia Services and Mental Health and Addictions Services Guidance document is currently out for final consultation ▪ Project Scope in draft form which has two components: <ol style="list-style-type: none"> 1. A regional Swap Shop day that identifies innovative and creative cross sector best practice. 2. A strategy development consultation process that brings together common themes across the region, identifies current services and future needs. ▪ Project scope has gone to Midland MHSOP clinical directors for feedback, we will need the buy in from the services to support stocktake and issues paper ▪ Issues paper should be enough for DHBs to develop something from this? ▪ Policy statement – mental health will be overwhelmed with dementia in the future ▪ Limitations for Midland Needs Assessment report <ul style="list-style-type: none"> ▪ The Midland Health Needs Assessment did not give us a clear picture for older person – an issues with growth for older person ▪ This project will tease out common themes in region to develop local priorities to identify gaps and common themes which will allow DHBs to develop services 	<ul style="list-style-type: none"> ▪ Amend Project Scope to reflect discussion points 	<ul style="list-style-type: none"> ▪ Eseta
2.6	Regional AOD Beds Springhill & Nova Confidential	<p>Nova</p> <ul style="list-style-type: none"> ▪ Recommended the new bed to be paid by DHB use ▪ Negotiate through Christchurch when the four Midland beds are full ▪ There could be some issues with criteria for Nova ▪ Need more clarity around the appropriate use of services ▪ Analyse utilisation and how split has occurred in the past ▪ Need to revisit the contract for utilisation ▪ In 2012 a change in IDFs payment will be by utilisation 	<ul style="list-style-type: none"> ▪ Combine the past 18months data and do the analysis to circulate ▪ Julie to write up brief and talk to this ▪ Work out use and cost and split out PBF use – Marita to 	<ul style="list-style-type: none"> ▪ Eseta ▪ Julie ▪ Marita

No.	Topic	Discussion Points	Planned Action	By
		<p>Springhill</p> <ul style="list-style-type: none"> ▪ New manager at Springhill Kim Henneker. Need to develop relationship between Midland and Kim ▪ Data has been received with hope this will continue in consistent manner ▪ Springhill are not advising us of bed status and when utilisation is depleted ▪ SLA require a lot of tidying up, redevelop SLA with input from Portfolio Managers ▪ Look at paying for beds directly through IDF based on utilisation ▪ Need analysis of data, would be helpful if data was within the financial year ▪ There are gaps in the data – need to see who is driving the utilisation over the past two years 	<ul style="list-style-type: none"> ▪ send out additional 0.5 bed ▪ Eseta check contract for regional beds ▪ Analyse data and circulate 	<ul style="list-style-type: none"> ▪ Eseta ▪ Eseta ▪ Eseta
3.0	Meeting Close	<ul style="list-style-type: none"> ▪ 2.30pm 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 02 August 2011, Best Western Braeside, Rotorua 		