




**Present:** Akatu Marsters, Eseta Nonu-Reid, Belinda Walker, Jenny James, Lesley Watkins Marita Ranclaud, Maraea Craft, Katherine Fell & Rachel Poaneki

**Apologies:** Connie Hui

No.	Topic	Discussion Points	Planned Action	By
1.0	<b>Whakatau / Welcome</b>	<ul style="list-style-type: none"> <li>Eseta nominated to chair the meeting</li> </ul>		
1.1	<b>Approval of Minutes</b>	<ul style="list-style-type: none"> <li>Previous minutes from the 17 May 2011 is a true and accurate record</li> <li>Moved by: Marita Ranclaud Second by: Jenny James</li> </ul>		
1.2	<b>Matters Arising</b>	<p><b>Midland Regional Clinical Services Plan</b></p> <ul style="list-style-type: none"> <li>The new objectives added to DAP has been viewed by all</li> </ul> <p><b>Midland MHSOP Draft Project Scope</b></p> <ul style="list-style-type: none"> <li>Scope to be amended</li> </ul> <p><b>Kaupapa Maori Specifications</b> (Whole section in the minutes to be reworded)</p> <ul style="list-style-type: none"> <li>GMs Maori request approval for Kaupapa Maori equivalent to the 150 existing mainstream specs has been declined</li> <li>PMgrs Midland looking at own internal systems for tracking kaupapa services</li> </ul> <p><b>Nova</b></p> <ul style="list-style-type: none"> <li>Paper received from Julie as per action points</li> <li>Extra bed with Nova no longer going ahead</li> <li>Need to be wary of purchasing extra addiction beds with the new AOD Act coming into place – need to ask questions</li> </ul> <p><b>Springhill</b></p> <ul style="list-style-type: none"> <li>No consistent communication</li> <li>Data is difficult to decipher</li> <li>Draft a letter by PMgrs on behalf of Mary Smith</li> </ul>	<ul style="list-style-type: none"> <li>Eseta amend MHSOP scope</li> <li>IDF change form to include Lakes for Nova</li> <li>Final stats from the last quarter to be analysed</li> <li>Eseta to organise F2F meeting with Kim</li> <li>Draft letter up</li> </ul>	<ul style="list-style-type: none"> <li>Eseta</li> <li>Julie</li> <li>Belinda</li> <li>Eseta</li> <li>Eseta</li> </ul>
	<b>Correspondence –</b>	<ul style="list-style-type: none"> <li>Letter tabled within agenda</li> </ul>	<ul style="list-style-type: none"> <li>Eseta to add to agenda for</li> </ul>	<ul style="list-style-type: none"> <li>Eseta</li> </ul>

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	<b>HoNos Letter</b>	<p><b>Questions regarding letter</b></p> <ul style="list-style-type: none"> <li>▪ When and how is this going to happen?</li> <li>▪ Is this for DHB?</li> <li>▪ DHBs – via PRIMD, Health Targets?</li> <li>▪ What about addictions?</li> <li>▪ Timeframe for running this?</li> <li>▪ Is feedback being sought?</li> <li>▪ Need more clarity</li> </ul> <p><b>Reporting AOD</b></p> <ul style="list-style-type: none"> <li>▪ Barry Welsh is the MOH person responsible for this reporting requirement so should be able to clarify for us the particulars</li> <li>▪ Matua Raki maybe able to provide clarity</li> </ul>	<p>Te Kokiri Steering group</p> <ul style="list-style-type: none"> <li>▪ PMgrs to add additional questions and forward to Eseta</li> <li>▪ Lesley to follow up with Barry and update all</li> <li>▪ Marita to follow up with Matua Raki and update all</li> </ul>	<ul style="list-style-type: none"> <li>▪ All</li> <li>▪ Lesley</li> </ul>
2.0	<b>AGENDA ITEMS</b>			
2.1	<b>Midland Addictions Clinical Qualifications Discussion Paper</b>	<ul style="list-style-type: none"> <li>▪ Discussion paper went out to sector for consultation – a lot of feedback received. This will go to the MRADD forum to collate and accept/decline feedback with justification</li> <li>▪ AOD qualification framework (aligned levels to DAAPANZ qualifications) acknowledges health professionals working in the AOD sector and competencies they need</li> <li>▪ Will be up to the sector to advise whether we need additional qualifications. What maori qualifications will be accepted?</li> <li>▪ Need consistency around “what is accepted as clinical”</li> <li>▪ Cost issues around annual registrations – funding not supported by DHBs</li> <li>▪ Not all are in favour of the framework and recommendations of the paper</li> </ul>	<ul style="list-style-type: none"> <li>▪ When this process is completed the paper will go to MRCL and then back to MRPMgrs</li> </ul>	
2.2	<b>PRIMHD update</b>	<p>Please refer to embedded presentation</p>  <p>\\alpha2\users\M\marstera\PRIMHD to</p> <ul style="list-style-type: none"> <li>▪ Stage 3-5 are priority for PRIMHD role – some are compliant but are not consistent with inputting of data</li> <li>▪ MoH directed PMgrs to pick up remapping, contracts and other – When paper was developed for sustainable PRIMHD role it was envisioned this position would pick up this piece of work for all providers not just stages 3-5 . Clarification is required.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Belinda to organise a teleconference with Helen (MoH)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Belinda</li> </ul>

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		<ul style="list-style-type: none"> <li>▪ Informing the PRIMHD co-ordinator of changes to agreements – develop a standardised process/form (Katherine happy to assist)</li> <li>▪ Access to individual NGO PRIMHD data - if going to have good Midland data PRIMHD co-ordinator needs to have access to individual NGO data: <ul style="list-style-type: none"> <li>○ Need to develop a standardised clause process</li> <li>○ Question as to whether the PRIMHD co-coordinator has the time resource to do this or could it be covered by the analyst role?</li> </ul> </li> </ul> <p><b>PRIMHD NGO Information User Group Terms of Reference</b></p> <ul style="list-style-type: none"> <li>▪ TOR tabled within the agenda</li> <li>▪ Group focuses on NGO services</li> <li>▪ Now that PRIMHD project should not this work be undertaken by the national steering group. Another group would not thereby required.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>▪ Issues with Infoview</li> </ul>	<ul style="list-style-type: none"> <li>▪ Belinda to provide key themes</li> <li>▪ Belinda to liaise with PMgrs based on requirements</li> <li>▪ Action plan for each district will be distribute monthly</li> <li>▪ Eseta to review</li> </ul>	<ul style="list-style-type: none"> <li>▪ Belinda</li> <li>▪ Belinda</li> <li>▪ Belinda</li> </ul>
2.3	<b>Deirdre Mulligan – Midland Project Work</b>	<p><b>Midland CAMHS Project / Starship CFU – Midland Access</b></p> <ul style="list-style-type: none"> <li>▪ Midland GMs have agreed to this project – 2<sup>nd</sup> level of priority till Midland Governance project completed</li> <li>▪ Currently at the beginning stages of engagement</li> <li>▪ Aims of the project are to: <ul style="list-style-type: none"> <li>○ Establish SLA for access to Starship beds (include access processes and data reporting)</li> <li>○ Establish Midland CAMHS network meeting</li> </ul> </li> </ul> <p><b>Feedback</b></p> <ul style="list-style-type: none"> <li>▪ Inconsistencies in reporting, data is different and no clarity – need rules around accuracy</li> <li>▪ SLA to include clients on leave – currently being counted and charged</li> <li>▪ Midland access to 4 beds with IDF signed off by Midland GMs – still awaiting CFU to sign off (1 high dependency bed and 3 general beds)</li> <li>▪ Limited access to Starship beds – cannot access</li> <li>▪ Closing beds, how do they notify?</li> <li>▪ Operational framework should be based on clinical need not on area you come from</li> </ul> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>▪ Draft project scope with deliverables</li> <li>▪ Form a reference group</li> <li>▪ Stakeholders survey – what is happening in practice?</li> </ul> <p><b>Recommendations for Reference Group:</b></p>		

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		<ul style="list-style-type: none"> <li>▪ Aaron Culver (Waikato), Sue Mackersey (BOP), Sue Sundheim, Mike Guddex (Lakes) &amp; Alan Binny</li> <li><b>Midland Clinical Governance Project Update</b></li> <li>▪ Project is to look at the preferred mechanism of “clinical governance”</li> <li>▪ Reference group was formed through an EOI process – currently had 3 teleconferences and 1 face to face</li> <li>▪ Face to face interviews have taken place in the region using interview question established by group. 60+ views from different levels were collated</li> <li><b>Emerging Themes</b></li> <li>1. Inconsistent (or no shared regional) understanding of what is meant by the term “Clinical Governance”</li> <li>2. Participants considered that value was added and efficiencies were gained by endorsing regional approaches to planning and decision making</li> <li>3. Unless all DHBs were committed to contribute and participate regularly, the value of a Clinical Governance network is compromised – a shared voice was supported, but the right people need to be around the table</li> </ul>	<ul style="list-style-type: none"> <li>▪ Establish a reference group</li> <li>▪ Draft report by the end of the August</li> </ul>	<ul style="list-style-type: none"> <li>▪ Deirdre</li> </ul>
2.4	<b>Mental Health and Addiction Service Development Plan (MHASDP) Discussion Paper for stakeholder engagement</b>	<ul style="list-style-type: none"> <li>▪ Discussion paper tabled within the agenda – paper came out via Marion Clark (MoH)</li> <li>▪ Midland GMs are not aware of this paper</li> <li>▪ Paper seems to be targeted at “Drivers of Crime &amp; Primary Health”</li> <li>▪ Regional forums to give feedback on paper – will add to agenda</li> </ul>	<ul style="list-style-type: none"> <li>▪ To send paper to Midland GMs</li> <li>▪ Put on agenda for Te Kokiri steering group on how received by sector</li> <li>▪ To check if MoH are asking Midland to respond</li> </ul>	
2.5	<b>Midland Collaboration project update</b>	<ul style="list-style-type: none"> <li>▪ Project Highlight Report for 12 July tabled within agenda</li> <li>▪ On the 01 August the Midland MH&amp;A team moved over to HealthShare</li> <li>▪ Setting up an office at HealthShare and Ruth will be based in the office with occasional visits from the team</li> <li>▪ HealthShare board and CEs officially launch HealthShare entity on 05 August</li> <li>▪ Cathy Cooney will be lead CE and Mary Smith lead GM</li> <li>▪ All project reports are available on the Midland website under the Lakes News &amp; Events page</li> <li>▪ Business as usual for the team</li> </ul>		
2.6	<b>Midland Eating Disorders forum</b>	<ul style="list-style-type: none"> <li>▪ Minutes from the 06 July 2011 tabled within the agenda</li> <li>▪ First forum held in Hamilton and hosted by BOP with representatives</li> </ul>		

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	<p><b>minutes</b></p> <p><b>Eating Disorders IDFs</b></p>	<p>from Clinical teams within Midland region</p> <ul style="list-style-type: none"> <li>▪ Midland has funded 1.0FTE as part of REDS service for Midland region – how will this work?</li> <li>▪ Recommended we keep a close eye via local coordinators and how they are finding access through REDS</li> <li>▪ Next meeting will be 02 November, hosted by Waikato</li> <li>▪ Need to remind REDS we are only tied into the contract until 2012/13 and after that date, the FTE could be devolved back to the Midland region</li> </ul>		
2.7	<b>Other Business</b>	<p><b>Health Targets</b></p> <ul style="list-style-type: none"> <li>▪ Heard that may possibility be a MH and Addictions Health Target based on non acute access – need to seek clarification</li> <li>▪ Take to Te Kokiri meeting for answers</li> </ul> <p><b>Sleepovers</b></p> <ul style="list-style-type: none"> <li>▪ Information is limited in this area – keep in contact Faye (SISSAL)</li> <li>▪ NGOs that do not submit their information about the sleepover cover and costs for those staff currently employed for the MoH will miss out any funding toward this</li> </ul> <p><b>Healthline / Mental Health Line</b></p> <ul style="list-style-type: none"> <li>▪ Mental Health line survey was sent out, this service is currently purchased by Waikato. Community MH &amp; CAT teams switch their lines to Medibank and frees up crisis teams to do actual work – efficient and effective process</li> <li>▪ MH professionals on the other end to receive calls, Waikato have no issues with Medibank referring clients – makes a huge difference</li> <li>▪ Reports benchmarking against DHB (activity) length of time on phone and other</li> </ul> <p><b>Drivers of Crime Impact</b></p> <ul style="list-style-type: none"> <li>▪ Approached by MoJ regarding “four priorities” with collaborative roadshows between services. Interface with justice and health services – drivers of crime, maternal, parenting, behaviour disorders, AOD have health outcomes.</li> <li>▪ MoJ, MSD, CYFS and Health will fund follow up services (intersectoral agreement). Funding for assessments not the MH component</li> <li>▪ Packages of care for mild/primary and intensive clinical support</li> <li>▪ Volumes per DHB focused on children in care (conduct disorders excluded in specifications)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agenda item for Te Kokiri Steering group</li> <li>▪ Keep everyone updated with progress of sleepovers</li> <li>▪ Discuss at Te Kokiri meeting the intentions of the survey</li> <li>▪ Marita to feedback with paper on Drivers of Crime</li> <li>▪ Lesley to send through (gateway) info to PMgrs</li> <li>▪ Update at next forum around the “impact”</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eseta</li> <li>▪ Katherine</li> <li>▪ Eseta</li> <li>▪ Lesley</li> </ul>

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		<b>Whanau Ora Approach</b> <ul style="list-style-type: none"> <li>▪ No consistency with contracting or consistent advice from various sections of the MOH.</li> <li>▪ At regional GMs meeting – will not take away accountability documents</li> </ul>		
3.0	<b>Meeting Concluded</b>	<ul style="list-style-type: none"> <li>▪ <b>2.10pm</b></li> </ul>		
3.1	<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>▪ <b>29 November 2011, Best Western Braeside, Rotorua</b></li> </ul>		

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