

10.00am, 22 May 2012, Teleconference

Present: Akatu Marsters & Belinda Walker (MRN), Connie Hui, Lesley Watkins (BOP), Marita Ranclaud (Lakes), Maraia Craft (Tairāwhiti), Katherine Fell & Rachel Poaneki (Waikato)

Apologies: Eseta Nonu-Reid (MRN) & Jenny James (Taranaki)

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Meeting chaired by Connie 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> All agreed the previous minutes were a true and correct record 		
1.2	Matters Arising	<p>Midland Projects</p> <ul style="list-style-type: none"> Need update and clarification on the Midland Projects Medical Detox – rewritten the project scope via MRADD forum The High & Complex Needs project no longer going ahead <p>Blueprint – PMgrs Update</p> <ul style="list-style-type: none"> This is a guidance document only and is not policy. There are two documents 1: Vision and 2: How to Both documents will be released at the end of May PMgrs will be involved in the future development of the planning tool <p>Devolution of 09/10</p> <ul style="list-style-type: none"> Contracts can be renewed <p>PRIMHD</p> <ul style="list-style-type: none"> No access to 'activity volume reports' person who generates reports on maternity leave no replacement appointed Bed utilisation reports to be condensed into Midland system – bed nights info seen to be incorrect and need sorting Compliance sitting well with providers, some work to be done with vendors with a push to meet compliance deadlines/dates Belinda currently sitting on the HISO PRIMHD User Group and leading the AOD working party – both national groups <p>Sleepovers</p> <ul style="list-style-type: none"> Waikato DHB has been in contact with Christy Richards at MoH. At this stage 	<ul style="list-style-type: none"> Need an update from Eseta on all the Midland projects 	<ul style="list-style-type: none"> Eseta
		<ul style="list-style-type: none"> Waikato DHB has been in contact with Christy Richards at MoH. At this stage 	<ul style="list-style-type: none"> Contact Christy 	<ul style="list-style-type: none"> All

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		<p>MoH will make all the back payments (one off payments) and DHBs will be require to make the payments going forward including new agreements for payment. The MoH will make payment to DHBs via the normal CFA process To date there has been no communication regarding the above to CEOs.</p> <p>Te Utuhina Manaakitanga & Salvation Army – Re Funding Meth Beds</p> <ul style="list-style-type: none"> ▪ Both services have submitted proposals for additional beds ▪ Providers will be advised this week of outcome of the beds 	<p>Richards directly at Christy Richards@moh.govt.nz for more info on agreements</p>	
2.0	AGENDA ITEMS			
2.1	Starship Eating Disorders	<p>New Agreement – Midland and Starship</p> <ul style="list-style-type: none"> ▪ Letter of Agreement was sent out for feedback ▪ Face to face meeting to be held in Hamilton on the 24 May <p>Under 16 Child ED Bed</p> <ul style="list-style-type: none"> ▪ Over the past 2 years there has been no use of the Midland funded bed for the Child ED bed for under 16 years ▪ Cannot exit bed until the end of the contract in 2013 – no wash up of bed as paid by capacity ▪ Suggested to move bed across to adult setting to cater for younger adult ▪ Lakes – Have not used the bed so this is not a priority ▪ Lakes, Waikato & BOP support the release of the bed at the end of the contract. Tairawhiti expressed bed to be available / open for use, discussed that Tairawhiti consider fee for service arrangements given the lack of bed usage <p>Midland/REDS ED Liaison FTE</p> <ul style="list-style-type: none"> ▪ Request for evidence of what this role does for Midland <ul style="list-style-type: none"> ○ Utilisation based on data ○ Do / don't exit, what does this look like? ○ Katherine asked each DHB to discuss this with their Eating Disorder teams and gather data that would be useful for a paper to GMs. ○ Once we have this information and data from REDs we will have a better picture of the current situation. Depending on what the outcome of the data is Katherine will develop a GM paper for Portfolio managers consideration 	<ul style="list-style-type: none"> ▪ Katherine happy to draft a briefing paper to circulate and include CDs & CEs ▪ Follow up utilisation data from REDS 	<ul style="list-style-type: none"> ▪ Katherine ▪ Eseta
2.2	AOD Qualification Introductions	<ul style="list-style-type: none"> ▪ DAPAANZ Practitioners Level 7 – some providers meet the current clause but don't meet the regional clause ▪ Paper from Matua Raki reinforces the intention based on qualifications emphasising “hard & fast” law. Need to consider experience and other factors, this brings a different perspective 		

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		<ul style="list-style-type: none"> ▪ Clause on Pg 20 of the Guidelines was agreed within the Midland region ▪ Transitional period over 18month is not an unreasonable timeframe, the option for 3 years will be rare ▪ Lakes have no issues with the clause and are working through the process to meet the Practitioners Level 7 ▪ BOP are in the transitional stage ▪ Waikato have sent a letter to providers acknowledging the AOD Qualifications coming into effect and the option of transitional arrangements ▪ No issues for Tairawhiti, no transitional arrangements required as the providers are meeting the practitioner level 7 requirements ▪ Feedback from AOD forum, no issues on the whole and providers working towards level 7 	<ul style="list-style-type: none"> ▪ Rachel to circulate letter to PMgrs 	<ul style="list-style-type: none"> ▪ Rachel
2.3	Under 65 Cognitive	<p>Management of people under 65 with Cognitive / Dementia & Complex Issues</p> <ul style="list-style-type: none"> ▪ This is referring to under 65yrs with very high complexities including behavioural issues eg. aggression/dementia/reduced cognitive function who need secure care / environment. Behaviours not appropriate for Mental Health services, higher end dementia services and or hospital setting ▪ Discuss with HOP, possible Resthome provider who specialises in these types of behaviours? ▪ All agreed this is a merging issues which is starting to occur and a regional approach to this matter is preferred – endorsed by all 	<ul style="list-style-type: none"> ▪ The approach to be discussed further with various groups including CDs 	<ul style="list-style-type: none"> ▪ Eseta
2.4	Waiting Times	<ul style="list-style-type: none"> ▪ Waiting times data coming from MoH is inaccurate, NGO providers are appearing on in the data who only accept referrals from provider arm services and should not have new clients (Clients who have not been seen by any other MH service in the last 12 months) and are identified as not having face to face contact within the wait time period ▪ Mental Health provider with AOD contracts are showing as an AOD provider only and vice versa ▪ Data is being drawn out from PRIMHD – either a systems or data issue ▪ Currently a Midland issue only as they are the only region in which NGO data is being included. ▪ Currently Katherine and Belinda are working together to try and identify what the issue may be. ▪ Other Portfolio Managers to check their data. 	<ul style="list-style-type: none"> ▪ Suggested PMgrs follow through on their data & keep Katherine & Belinda updated ▪ Agenda item for next meeting – Decision to Escalate issues 	<ul style="list-style-type: none"> ▪ All ▪ Akatu
2.5	General	Julie – Update from GMs Meeting		

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		<ul style="list-style-type: none"> ▪ Midland Projects & Workplan being carried forward <ul style="list-style-type: none"> ○ Dementia already covered in HOP ○ Discussion with PMgrs are essential where projects are concerned ○ Options for projects to be carried out “in-house” or alongside “PMgrs” using existing resources / mechanisms, eg DHB ○ Currently 4FTE – what components are being worked on within the team? ○ Monies exceedingly tight ○ Model budget used for regional network – transitional year for monies, same budget as last year for DHBs. Detail did not add up – significant reduction ○ Underspend – Prioritising & analysis report to sign off ▪ Review Expectation of Network ▪ Regional Services Plan – MH&A component with key Workplan has gone to the MoH, this does not include the day to day workload with the MRN team ▪ Suggestions of what the regional team can additionally undertake: <ul style="list-style-type: none"> ○ Manage regional access to AOD services for better utilisation ○ Central point for regional contracts ▪ Suggested the PMgrs “Review Expectation of the Regional Network” ie. <ul style="list-style-type: none"> ○ Where to, how, benefits, invaluable etc... ▪ Additional PMgr Meetings ▪ Request for PMgrs to meet more frequently – endorsed by all <ul style="list-style-type: none"> ○ Go through scopes ○ In-house resourcing ○ PMgrs to look at pulling things together ○ Use teleconference for some meetings ▪ Midland Website ▪ Feedback from some providers regarding difficulty accessing specific information on the website, eg FAQ AOD Guidelines 	<ul style="list-style-type: none"> ▪ Recommended we organise a face to face before next GMs meeting – within the next two weeks ▪ Suggested quick links on front page 	<ul style="list-style-type: none"> ▪ Akatu ▪ Akatu
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 11.50am 		
3.1	Next Scheduled Meeting	<ul style="list-style-type: none"> ▪ Tentative: 06 June, 10.00am, Hamilton Airport Motor Inn ▪ 14 August, 10.00am, Best Western Braeside, Rotorua <p>Possible Agenda Items:</p> <ul style="list-style-type: none"> ▪ Update on regional projects ▪ Roles the PMgrs play with regional projects 	<p style="text-align: center;">Please confirm agenda items by 31 May, 4pm</p>	

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		<ul style="list-style-type: none">▪ Under 65 Cognitive▪ REDs ED Liaison role▪ Waiting times▪ Review Expectation of Regional Network▪ Dates for additional PMgr meetings		

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