

**Present:** Akatu Marsters, Belinda Walker, Eseta Nonu-Reid (HealthShare), Connie Hui, Lesley Watkins (BOP), Marita Ranclaud (Lakes), Jenny James – TC (Taranaki) & Rachel Poaneki (Waikato)

**Apologies:** Katherine Fell & Maraea Craft

No.	Topic	Discussion Points	Planned Action	By
1.0	<b>Whakatau / Welcome</b>	<ul style="list-style-type: none"> <li>Eseta welcomed all to the meeting</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	
1.1	<b>Approval of Minutes</b>	<ul style="list-style-type: none"> <li>Previous minutes were accepted as a true &amp; correct record with the amendments added to be sent by Katherine</li> </ul>	<ul style="list-style-type: none"> <li>Katherine to send through amendments</li> </ul>	Katherine
1.2	<b>Matters Arising</b>	<p><b>Actions from previous minutes:</b></p> <p><b>Sleepovers</b></p> <ul style="list-style-type: none"> <li>BOP – 1 service provider has put in a submission</li> <li>Communication from Kristy has been clear and informative</li> </ul> <p><b>Briefing Paper re Starship</b></p> <ul style="list-style-type: none"> <li>To be completed</li> </ul> <p><b>Other actions on the agenda for discussion</b></p>		
2.0	<b>AGENDA ITEMS</b>			
2.1	<b>Regional Project Updates</b>	<p><b>Youth Forensics</b></p> <ul style="list-style-type: none"> <li>Two services in the Midland region providing Youth Forensics – Waikato DHB &amp; Hauora Waikato</li> <li>The project will review what is currently available in the region, is this working and measure against expectations. (throughput of existing FTE) If not effective, this needs to be reviewed and prioritise best practice</li> <li>A lack of transparency around court/nurse liaison positions and where they roles sit ie. Regional or Courts – to be clarified in the SLA</li> <li>Assessment in follow-up care (strong relationships &amp; links) this is to be a component of the work</li> <li>Hub &amp; Spoke model – suggested model linking into existing services</li> <li>Need to ensure input from Midland Clinical Governance Network and agreement from the GMs at the time of selecting the “HUB”</li> </ul>	<ul style="list-style-type: none"> <li>Develop a paper to submit to MoH to include:               <ul style="list-style-type: none"> <li>FTE Allocation</li> <li>Scenarios of allocating new resource</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Deidre, Eseta &amp; PMgrs</li> </ul>

No.	Topic	Discussion Points	Planned Action	By
		<ul style="list-style-type: none"> <li>▪ Develop SLA inconjunction with the “HUB” with clear expectations, monitoring, reporting and outcomes</li> <li>▪ Fazed implementation with workforce development needed</li> </ul> <p><b>MoH</b></p> <ul style="list-style-type: none"> <li>▪ Request formula for the Kaupapa weighting – awaiting response</li> <li>▪ MoH are wanting FTE to be flexible</li> </ul> <p><b>FTE</b></p> <ul style="list-style-type: none"> <li>▪ 3.5FTE – short 5FTE</li> <li>▪ Currently have .25 SMO</li> <li>▪ Midland access 1FTE via Hauora Waikato</li> <li>▪ Agreement by all – FTE numbers to be increased</li> <li>▪ No court liaison in Taranaki &amp; Whakatane</li> <li>▪ Waikato FTE not included in Midland regional FTE</li> <li>▪ Current FTE needs to be clarified</li> <li>▪ Taranaki on baseline with Lakes &amp; BOP – 1 court and prison liaison (Health Waikato look after adult &amp; youth ½ &amp; ½ ) Very flexible working in a range of community court and other</li> <li>▪ 12/13 recruit a full time psychiatrist</li> </ul> <p><b>Medical Detox</b></p> <ul style="list-style-type: none"> <li>▪ The project scope has changed several times and has held up the process</li> <li>▪ Gail Goodfellow will be contracted to undertake this project</li> <li>▪ Project scope was taken to MRADD forum to feedback – this to be rewritten</li> </ul> <p><b>Midland Regional Clinical Governance (MRCG)</b></p> <ul style="list-style-type: none"> <li>▪ This group has moved into “business as usual” and all minutes are accessible on the Midland website on the Midland Clinical Governance page</li> <li>▪ Meetings are held monthly alternating “face to face” &amp; teleconferences</li> <li>▪ Midland regional forums are the mechanisms to feed into MRCG</li> </ul> <p><b>Mental Health Services Older Persons</b></p> <ul style="list-style-type: none"> <li>▪ Rationale for this project is a follow on from the Midland Needs Assessment report which missed key information pertaining to MHSOP from the documentation (Te Rau Hinengaro) used to support the Midland Needs Assessment report</li> <li>▪ Regional Dementia Pathway has been developed with common themes to kick start discussions in local areas</li> <li>▪ HOP PMgrs have been included in the MHSOP swap shops to tease out discussion. HOP services have the mandate for Dementia Pathway who had started workshops in DHBs</li> <li>▪ Final MHSOP workshop will be held in July to finalised the MHSOP document</li> </ul>	<ul style="list-style-type: none"> <li>▪ Circulate rewritten project scope for approval</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eseta</li> </ul>

No.	Topic	Discussion Points	Planned Action	By
		<p><b>Child Adolescent Mental Health Services</b></p> <ul style="list-style-type: none"> <li>▪ Project almost completed</li> <li>▪ CFU have agreed to produce reports for 'ED Bed usage &amp; Liaison role'</li> <li>▪ Starship bed will be exited at the end of term</li> </ul>		
2.2	<p><b>Role the PMgrs play with Regional Projects</b></p>	<p><b>Current Role – Regional Projects</b></p> <ul style="list-style-type: none"> <li>▪ Regional projects are brought to this group for ratification</li> <li>▪ Lines of accountability for projects</li> <li>▪ Receive monthly project updates</li> <li>▪ PMgrs representation on technical reference groups</li> <li>▪ Receive final draft documents for ratification</li> <li>▪ Finalise approval prior to documentation going to GMs</li> <li>▪ PMgrs to take up and lead regional projects – in their current roles they don't have the capacity to do this</li> </ul> <p><b>What is core business for the Regional Network?</b></p> <ul style="list-style-type: none"> <li>▪ Core business is what is identified in the 'Workplan'</li> <li>▪ GMs felt the 'Workplan' was too light</li> <li>▪ In 2009 Eseta did the 'regional projects' solo which eradicated all her strength – would not like to do that again</li> <li>▪ Focus will be on MoH objectives in the Workplan with Midland objectives being secondary</li> </ul> <p><b>The Midland Workplan</b></p> <ul style="list-style-type: none"> <li>▪ Report was sent to the MoH abating the need to do a High &amp; Complex project due this working well in the DHBs who will be reviewing their progress – response was accepted</li> </ul> <p><b>Support the implementation of the Midland Primary Health Network Proof of Concept Sites</b></p> <ul style="list-style-type: none"> <li>▪ Proof of Concept Sites refers to "one stop shops" eg. Whanau Centres, integrated family healthcare centres linking into other health services</li> <li>▪ Lakes districts model does not fit the Proof of Concepts – MH nurses sitting in primary health</li> <li>▪ Taranaki to continue leading the way and be the test sight for the Midland region. Lessons to be feedback to the region "what works, what does not"</li> </ul> <p><b>Capacity and Capability of specialist Child &amp; Youth Forensic Services</b></p> <ul style="list-style-type: none"> <li>▪ Deidre contracted to do project</li> </ul> <p><b>Dementia</b></p> <ul style="list-style-type: none"> <li>▪ Health of Older Persons initiative</li> </ul> <p><b>Adult Mental Health Services – KPI</b></p> <ul style="list-style-type: none"> <li>▪ KPI project disbanded (completed) at MoH, DHBs to fund the continuation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Budgets to be clarified</li> <li>▪ Details to be expanded – need analytic information</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eseta</li> <li>▪ Eseta</li> </ul>

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		<ul style="list-style-type: none"> <li>▪ A request for a regional approach to continue KPI, it has been suggested a briefing paper with justification and costs for the 5 DHBs to be submitted to MRCGN</li> <li>▪ Belinda to undertake – based on paper</li> </ul> <p><b>Blueprint II Development &amp; MoH Service Plan Implementation</b></p> <ul style="list-style-type: none"> <li>▪ Priorities in the Midland Workplan may change once documents are released, this to be detailed along with “how to”</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>▪ RFP was submitted by MRN for the PRIMHD Information NGO Implementation Quality improvement &amp; Sector Intelligence</li> </ul>		
2.3	<b>Midland Project List</b>	<p><b>List embedded in the agenda</b></p> <p><b>Regional Addictions Service Review</b></p> <ul style="list-style-type: none"> <li>▪ Is identified in the Midland Workplan and approx cost is \$15K which includes the consultant, travel and forum costs</li> </ul> <p><b>Medical Detox</b></p> <ul style="list-style-type: none"> <li>▪ Carried forward to the 12/13 Financial year</li> </ul> <p><b>Takarangi Core Competency</b></p> <ul style="list-style-type: none"> <li>▪ To support regional: <ul style="list-style-type: none"> <li>○ Assessor workshops</li> <li>○ Support development of Portfolio’s</li> <li>○ Train the Trainers</li> <li>○ Additional Introductory workshops</li> </ul> </li> </ul> <p><b>Coexisting Problems Disorders</b></p> <ul style="list-style-type: none"> <li>▪ Matua Raki identified workshops following the Case Formulation’s</li> <li>▪ Provide specialist workshops for provider clinical teams</li> </ul> <p><b>Midland PMgrs endorsed the project list</b></p>		
2.4	<b>Te Utuhina Manaakitanga</b>	<ul style="list-style-type: none"> <li>▪ The Midland regional beds expire in December 2012 – what is the regional process to review ongoing commitment to this service?</li> <li>▪ Is there a option where available beds can be used for ‘step down care’ (under utilised beds)?</li> <li>▪ Suggested we evaluate the effectiveness of the services following on from the 2010 evaluation (review of review) – survey can be developed via Survey Monkey which accessible via the Midland team</li> <li>▪ Include evaluation of services as part of the wash up</li> <li>▪ Should MRADD have a role to play in this process?</li> <li>▪ The MRCG role is to review the decision that is being made in regards to the</li> </ul>	<ul style="list-style-type: none"> <li>▪ Circulate an email re ‘contract renewals’ and to include MRCG Network</li> </ul>	Marita

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		process		
2.5	<b>General</b>	<p><b>Additional PMgr Meetings</b></p> <ul style="list-style-type: none"> <li>▪ All agreed additional meetings via teleconference to be organised following on after the MRGC meetings</li> </ul> <p><b>Methamphetamine &amp; Social Detox Beds</b></p> <ul style="list-style-type: none"> <li>▪ Eseta has received the names of the successful providers – this is confidential till formally announced</li> </ul>	<ul style="list-style-type: none"> <li>▪ Send out calendar appointments</li> </ul> <p>Circulate list of successful providers</p>	Akatu  Eseta
3.0	<b>Meeting Concluded</b>	<ul style="list-style-type: none"> <li>▪ <b>12.50pm</b></li> </ul>		
3.1	<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>▪ <b>To be confirmed</b></li> </ul>		