




Present: Jenny James, Eseta Nonu-Reid, Rachael Poaneki, Katherine Fell, Lesley Watkins, Connie Hui, Marita Ranclaud, Joleen Turnbull
Guests: Paul Keesing (Waikato Strategic Planner), Phil Grady, River Patton (Odyssey House)

Apologies: Maraea Craft, Belinda Walker

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Eseta welcomed the group and introduced a Chair from the floor Connie agreed to Chair meeting 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> Passed by majority agreement 	 S:\LDHB Planning & Funding\Midland Regi <i>Final October Minutes</i>	
1.2	Matters Arising	<p>Regional Beds Confidential</p> <p>CFU data</p> <ul style="list-style-type: none"> Have requested last two years of data, however this was prior to agreement so might not get it. CFU looking into the possibility IDF's now through, looking at usage. CFU beds and High Dependency beds has not been separated, this means that everyone is now charged equal between the two bed types, IDF's are now two years behind. Katherine expects next years IDF's should reflect the data and these beds should be separated. Need to ensure that the data we collect is separated by the bed <p>Treasury Review</p> <ul style="list-style-type: none"> GM's planning and funding have requested that Eseta continues to liaise directly with them. Mary Smith is providing advice around this process. Paragraph to be sent to Mary to determine the next steps <p>Workforce</p>	<p>Midland team to continue to follow up and provide analysis re usage</p> <p>Eseta to up date GM's P&F</p>	<p>Eseta</p> <p>Eseta</p>

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		<ul style="list-style-type: none"> ▪ The Local DAP task/actions were then cross reference as to whether they met to regional and government priorities. ▪ These task/actions are a starting point to get cross DHB alignment , other local task/actions can be added or the agreed tasks/actions amended to meet local need <p>Local tasks</p> <p>1. Make better use of resources/value for money (section 1 of the SDP)</p> <p>Action 1</p> <p>Action 2 Participate in adult, C&Y and Forensic KPI forums Benchmark local like services. * Midland Portfolio Managers will under take a project to benchmark Day activity, vocational support & maternal MH purchased services</p>	<p>9. Peri-natal forum to be added to MRN work plan for 13/14</p> <p>10. HCN development to be added to MRN work plan 13/14</p> <p>11. Youth Summit addition to work plan for 13/14</p>	<p>Eseta</p> <p>Eseta</p> <p>Eseta</p>
		<p>2. Improve primary secondary intergration (sections 5, 6 & 7 SPD)</p> <p>Action 1 Specialist service will provide prompt telephone advice to primary care, general health services and schools</p> <p>Action2 Obtain input from young people into planning and delivery of specialist mental health & AOD services. * Midland regional will hold a regional youth summit</p>	<p>Action 1</p> <p>Action 2</p> <p>Action 3</p> <p>Action 4</p>	<p>Katherine</p> <p>Portfolio Managers</p> <p>Eseta</p> <p>Next meeting</p>
		<p>3. Cement and build on gains for the most vulnerable (this includes developing services for children of parents with mental illness and addictions (sections 3, 4 SDP)</p> <p>Action 1 Implement COPMIA *new service develop and will require service reprioritisation) and/or further development</p> <p>Action 2 Improve service effectiveness through respectful engagement and trauma informed care. * provide regional training re trauma informed care</p>		

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		<p>Action 3 Local MH C&Y services, including kaupapa Māori services will approach local whānau ora providers to identify what positive contribution they could make to outcomes for whānau accessing Whānau Ora services and then provide any agreed services.</p> <p>Action 4 Support service users in their role as parents. *system for identifying service users who are parents and work with parents to identify any parenting support they require. * facilitating access to parenting education and support programmes. *Ensuring advance plans for acute episode incorporate consideration of children's care and safety, including access & visitation during hospitalisation</p>		
		<p>4. Deliver increased access for all age groups (sections 5, 6 & 7)</p> <p>Action 1 Reduce the use of seclusion & restraint for Māori</p> <p>Action 2 Ensure that specialist addiction service work closely across the spectrum of justice service to ensure that people with justice involvement and AOD issues receive timely, effective & streamlined access to addition services</p> <p>The following actions were agreed as a start to meet the expectations of the regional plan.</p> <ol style="list-style-type: none"> 1. Discussion around Trauma informed care and consensus made that this needs to be a training focus for 2013 2. Discussed Eating disorders forum – Needs to go back to being coordinated by the MRN – Agreed 3. Peri-natal development – Regional stock take required, currently meet on an informal basis. This needs to be facilitated and coordinated by MRN. 4. Discussion around High and Complex, identification and discussion around HCN needs to be a regional process 5. All agreed to look at some decided PUC's as projects for the Portfolio mangers for work plan 13/14 (decisions on Matrix) 6. Addition to work plan for portfolio managers is Youth Summit – How do youth inform planning and funding? <p>Next Steps</p>		

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		<ul style="list-style-type: none"> ▫ Katherine to amend the draft matrix as agreed and send out to everyone ▫ Portfolio Managers to discuss the draft matrix with their P/As and local advisory group and amend as required and use to complete planning templates once the MoH has sent these ▫ Eseta to present the matrix to the Midland Regional Clinical Governance group as a starting place for the regional planning ▫ Discuss the outcome of the above actions at next meeting 		
2.2	Presentation from Odyssey House	<ul style="list-style-type: none"> ▪ Welcome to Phil and River – see attached notes from Odyssey Houses presentation  <p>S:\LDHB Planning & Funding\Midland Regi</p>	 <p>S:\LDHB Planning & Funding\Midland Regi <i>Odyssey House Presentation</i></p>	
2.3	Use of THRIVE (Recovery Solutions) Bed	<ul style="list-style-type: none"> ▪ Follow up needed around usage of this bed ▪ How do we get this information? ▪ Require update from Deidre and team around eating disorders and work complete around this. 	<ul style="list-style-type: none"> ▪ Eseta to access data ▪ Request for Deidre to attend meeting in 2013 	Eseta Eseta
2.4	Service Specifications Review	<ul style="list-style-type: none"> ▪ Mental health and addiction service specs are due for review again ▪ Will require regional feedback from managed networks ▪ Use the next Portfolio Managers meeting to discuss issues we have identified, all Portfolio Managers to check and bring along previous feedback 	<ul style="list-style-type: none"> ▪ Add to agenda for 2013 	Eseta
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 1415pm 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 2013 meeting calendar discussed and agreed 	<ul style="list-style-type: none"> ▪ Send out meeting invites for face to face and teleconferences 	Akatu