

No.	Topic	Discussion Points	Planned Action	By
		<ul style="list-style-type: none"> ▪ Funding framework currently on the “back burner” because there are so many other priorities that are currently being worked on, which are; Suicide Prevention Action Plan, Rising to the Challenge, Like Minds Like Mine (Mary O’Hagan to do a refresh), Info Management (led by Phillipa Gains) Benchmarking needs to stay on the agenda to keep active Lakes Draft Review of Services ▪ Circulate the draft report to PMgrs 	<ul style="list-style-type: none"> meeting ▪ Marita to follow up 	Marita
2.0	AGENDA ITEMS			
2.1	Springhill Letter of Service Agreement	<ul style="list-style-type: none"> ▪ Eseta has completed the final draft of the “Letter of Services” ▪ Request to PMgrs to endorse letter for final agreement so this can be distributed for signatures – members asked that some editing be completed which was agreed followed by sign off ▪ Is this format acceptable to apply to other regional AOD residential providers? Monitoring is currently being done with Springhill and discussion needs to be had with those who are doing the referring and have now idea how the funding work – this question re referring was asked by CGN ▪ Should this the format for Nova Trust? It was agreed that this format is fine to use for Nova Trust 		
2.2	Final draft Youth Forensic Model of Care	<ul style="list-style-type: none"> ▪ Eseta discussed the final draft which has been approved by the Clinical Governance group, and is seeking agreement from PMgrs that this goes to GMs for sign off ▪ All members endorsed the report should go to GMs 	<ul style="list-style-type: none"> ▪ Report to be distributed to GMs for sign off 	Eseta
2.3	Final draft Forensic Futures Strategic Plan Progress Review	<ul style="list-style-type: none"> ▪ The Ministry has asked that this be reviewed and in particular the process identified within the review ▪ Final consultation has happened through the Forensic Services ▪ Still some more work to be added around the current challenges in this final draft ▪ Once additional comments have been added a request the document be sent to PMgrs 	<ul style="list-style-type: none"> ▪ Final to be distributed to PMgrs once amendments are made 	Eseta
2.4	Eating Disorders Update	<ul style="list-style-type: none"> ▪ Confidential 	<ul style="list-style-type: none"> ▪ 	
2.5	National Audit Project Update	<ul style="list-style-type: none"> ▪ Feedback has been sent re the options that were discussed relating to certification audits of residential service could also contain the audit of other services involved (issue to reduce burden on providers), process to be able to “add” bits on when audited. ▪ More information will be sent out re the options which Lesley will forward to PMgrs, feedback will be tight 	<ul style="list-style-type: none"> ▪ Circulate information to PMgrs and feedback asap 	Lesley / All

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2.6	PP26 – SDP reporting due Oct 2013	<ul style="list-style-type: none"> ▪ Confidential 	<ul style="list-style-type: none"> ▪ Send completed Stocktakes to Eseta for putting on CGN agenda 	All PMgrs
2.7	National PMgrs Agenda – 26 August in Auckland	<ul style="list-style-type: none"> ▪ Midland chairing the National PMgrs meeting in Auckland ▪ All PMgr members will be attending at this stage ▪ Marita will be presenting for the group – Marita to do 15 minutes on PRIMHD <p>What is on the Agenda</p> <p>National Drivers</p> <ul style="list-style-type: none"> ▪ Portfolio Managers to be able to discuss this <p>Suicide Action Plan</p> <ul style="list-style-type: none"> ▪ Would be good to have some more knowledge about this, good to ask the MoH where this is at and important that the Portfolio Managers understand this <p>PP2</p> <ul style="list-style-type: none"> ▪ Discussion will be held around this as well (Managers can discuss that they are working on ie. the template, could be offered to others to use if they would like). <p>MOH tool</p> <ul style="list-style-type: none"> ▪ Chris Howard-Brown will feedback <p>Primary Mental Health</p> <ul style="list-style-type: none"> ▪ Discussion led by Pauline and MoH (speaking about the Suicide Action plan in this slot as well). <p>Alcohol and Drug Initiatives</p> <ul style="list-style-type: none"> ▪ Pauline to discuss the process for the AOD exemplars ▪ Can we ask the MoH what has happened to the Justice money for packages of care? Yes, if this is not covered off <p>PP8</p> <ul style="list-style-type: none"> ▪ This discussion will occur in the morning session along with Wait Times ▪ Eseta is happy to provide paper for this – follow up <p>Mental Health Commission</p> <ul style="list-style-type: none"> ▪ Will provide an update (Lynn Mane) – need to make sure that the work plan is discussed. ▪ Te Pou will be giving an update on the roles <p>Other</p> <ul style="list-style-type: none"> ▪ Hoping MoH will give an update on Youth Forensic Inpatient and Mother and Baby units 		
2.8	Midland Regional AOD Residential	<ul style="list-style-type: none"> ▪ Residential care model is limited at the present time ▪ Youth Providers – continuum slightly different for this group, early 		

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	Service Presentation Follow-ups Presented to Clinical Governance	<p>intervention required</p> <ul style="list-style-type: none"> ▪ Look at Adult methodology and see what can be pulled out for Youth ▪ Work has been done, needs flexibility for each DHB as each work with different models – needs to be inclusive ▪ A stocktake needs to be done of what currently exists, looking at research what has already been done, and what the ideal is – how do we look at funding and resourcing this? Names have been forwarded by the MRCGN ▪ Project is looking at defining what residential treatment is from a residential treatment perspective, what is the benchmark and then what are the community requirements ▪ Paper developed by David says 3-6% will need residential treatment – residential treatment should offer a level that requires 24 hour clinical coverage ▪ Need to look at what facilities are more successful than others and why including what they offer ▪ Data needs to be analysed as there are other issues that could be presented around the numbers and issues that need to be identified ▪ Look at ways where quality feedback can be received to inform the Model of Care 		
2.9	Referrals to Whanau from ICAMHS services	<ul style="list-style-type: none"> ▪ Discussion around the difference for whanau referrals of Younger person and Adult as ICAMHS take a whanau approach, they often deal with issues that in other areas may be referred on ▪ ICAMHS – they may have difference needs and support that is required ▪ Some ICHAMS clinicians are/may be inexperienced and not understand what requirements are needed, especially around family involvement for the client, especially after the age of 18 what happens from there ▪ There is an overlap from youth to adult which needs to be addressed 		
2.10	Standing Items:	<p>Work plan</p> <ul style="list-style-type: none"> ▪ This still has not been signed off, some push back on Peri-natal and Maternal ▪ Local development needs to happen, referrals etc <p>CEO HealthShare updates</p> <ul style="list-style-type: none"> ▪ Andrew Boyd attended Clinical Governance and gave an update. Eseta is happy to send the slides out to members ▪ Discussed inviting Andrew to a meeting in Hamilton in November. <p>Regional Updates From Those Nominated to Attend (Quarterly)</p> <ul style="list-style-type: none"> ▪ No forum held - nothing to report. 	<ul style="list-style-type: none"> ▪ Distribute Andrews slides to PMgrs ▪ Organise Andrew to attend November F2F meeting in Hamilton 	Eseta Akatu

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		Waiting Times & PRIMHD <ul style="list-style-type: none"> ▪ Belinda's paper and work outlines the wait times Local area updates <ul style="list-style-type: none"> ▪ Confidential 	▪	
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 2:00pm 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 11 September – Teleconference 		