


**Present:** Akatu Marsters, Belinda Walker, Nathalie Esaiah-Tiatia, Jenny James (TDHB), Katherine Fell, Rachel Poaneki (WDHB), Lesley Watkins, Connie Hui (BOP DHB), Ellen Mildon

**Apologies:** Eseta Nonu-Reid

No.	Topic	Discussion Points	Planned Action	By
1.0	<b>Whakatau / Welcome</b>	<ul style="list-style-type: none"> <li>All welcomed to the meeting</li> <li>Meeting chaired by Lesley</li> </ul>		
1.1	<b>Approval of Minutes</b>	<ul style="list-style-type: none"> <li>Approval of minutes for the 06 August moved by M Ranclaud and Second by J James</li> <li>Approval of minutes for the 09 October moved and approved by all</li> </ul>		
1.2	<b>Matters Arising</b>	<p><b>Lakes Final Review Documents</b></p> <ul style="list-style-type: none"> <li>Document to be sent as per action</li> </ul> <p><b>PP6</b></p> <ul style="list-style-type: none"> <li>Service development plan stock take – to be carried forward</li> <li>Still awaiting stock takes from Lakes, Taranaki &amp; Tairawhiti</li> </ul> <p><b>Benchmarking</b></p> <ul style="list-style-type: none"> <li>Template has been circulated for completion around the planning objectives and what is currently happening</li> <li>Benchmarking to become a standard agenda item every quarter</li> </ul> <p><b>Suicide Post-Vention</b></p> <ul style="list-style-type: none"> <li>All actions completed</li> <li>Rod and CASA – non attendance</li> </ul> <p><b>Family Advisors worker roles</b></p> <ul style="list-style-type: none"> <li>To be followed up – Eseta to provide an update</li> </ul> <p><b>ADON Nursing paper</b></p> <ul style="list-style-type: none"> <li>To be followed up – Eseta to provide an update</li> </ul>	<ul style="list-style-type: none"> <li>Circulate document</li> <li>To be followed up by Marita, Jen &amp; Ellen</li> <li>Agenda item for next meeting</li> </ul>	<p>Marita</p> <p>Marita, Jen &amp; Ellen</p>
2.0	<b>AGENDA ITEMS</b>			
2.1	<b>Perinatal RFP</b>	<ul style="list-style-type: none"> <li>Tairawhiti in the midst of formally an agreement to move services from</li> </ul>		

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		<p>Central to Midland</p> <ul style="list-style-type: none"> <li>▪ Template to be populated by the DHBs and then all information merged into one regional document with individual crown agreements – complete as much as you can</li> <li>▪ Individual local priorities ie what DHBs want to purchase as individual DHBs – very little regional input, however regional responsibility to support</li> <li>▪ To include supporting documents such as Quality, Maori Health plans etc</li> <li>▪ Teleconference tomorrow which will flesh out more details and guide way forward</li> </ul>	<ul style="list-style-type: none"> <li>▪ Populate template</li> </ul>	All
2.2	<b>Standing Items</b>	<p><b>Work plan</b></p> <ul style="list-style-type: none"> <li>▪ Deferred to teleconference</li> </ul> <p><b>CEO HealthShare updates</b></p> <ul style="list-style-type: none"> <li>▪ Andrew Boyd attending meeting today</li> </ul> <p><b>Regional forum updates from those nominated to attend (Quarterly)</b></p> <ul style="list-style-type: none"> <li>▪ All meetings coming up during the month of October</li> </ul> <p><b>Waiting Times</b></p> <ul style="list-style-type: none"> <li>▪ Belinda provided an update on the waiting times</li> </ul> <p><b>PRIMHD</b></p> <ul style="list-style-type: none"> <li>▪ MoH have pulled together a working group for 12 months who are accountable to Rod Bartling</li> <li>▪ A new PRIMHD Governance group has also been developed with Jeff Bennett as the Midland rep sitting on this group</li> <li>▪ Workplan has been developed which the working group is now accountable to – Workplan will be circulated with confidential information blacked out</li> <li>▪ MoH checking duplicate records which are data entry issues (Belinda sorting these through)</li> <li>▪ InfoView errors are being fixed</li> <li>▪ Code changes NDSA started training NGOs and all other regions will not be moving with this till April May 2014 – PRIMHD to be retrained with new codes</li> <li>▪ It was requested that due to contracts that expire/changes it is best to hold off to a later date – please advise Belinda</li> <li>▪ Issues with Salvation Army (AOD) in BOP – send to Belinda to support</li> </ul> <p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>▪ Position is not funded regionally but by Te Pou</li> <li>▪ Completed induction/orientation programme</li> <li>▪ 90 day workplan presented to Eseta for sign off</li> <li>▪ A workshop will be held at Te Pou around the stock take of the Workforce Lead role which will provide a work activities</li> </ul>		

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		<ul style="list-style-type: none"> <li>▪ The Midland Workforce Lead role is the only role that belongs with a team and has established networks, the other leads in the country are sitting in silos</li> <li>▪ We have held two Summits which has provided an insight into the regional activities and opportunities to network</li> <li>▪ <b>Request to voice at meeting with Te Pou – Training</b>  <i>There is no money to purchase these trainings</i> <ul style="list-style-type: none"> <li>○ Clinical staff to be trained on SIP recognition</li> <li>○ New audit process (no training)</li> </ul> </li> <li>▪ <b>Benchmarking (face to face meetings only)</b></li> <li>▪ BOP had done a review of its community support services and benchmarked against SDP – this has been done by going to providers for feedback and accuracy of information eg. how many clients per FTE</li> <li>▪ Kaumatua PUC codes – the difference between Kaumatua Services and Cultural Support was discussed and funding comparisons between non clinical positions</li> </ul>	<ul style="list-style-type: none"> <li>▪ To raise with Te Pou re options for training</li> <li>▪ Lesley to provide feedback on progress</li> </ul>	Nathalie
2.3	<b>TUMT Audit</b>	<ul style="list-style-type: none"> <li>▪ Tabled in the agenda for information purposes</li> <li>▪ The audit goes through to the Planning and Prioritisation Panel</li> <li>▪ Explanation for high level of inaccurate information – is it systems? Utilisation information to be assured it is accurate (It was about beds nights and PMR data)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rachel to send out Salvation Army data</li> </ul>	Rachel
2.4	<b>HealthShare Interface</b>	<ul style="list-style-type: none"> <li>▪ Please refer to embedded document “Accountabilities &amp; Reporting” which was tabled at meeting</li> </ul> <div style="text-align: center; margin: 5px 0;">  </div> <p>S:\LDHB Planning &amp; Funding\Midland Regi</p> <p><b>Discussion notes</b></p> <ul style="list-style-type: none"> <li>▪ Integration of HealthShare services</li> <li>▪ HealthShare board is made up of five DHB board members – there are implications for Healthshare with changing of hats</li> <li>▪ Left heavy lifting 2.299B sits here doesn't deliver – reporting issues – HS emerging issues</li> </ul> <p><b>Regional Services Plan</b></p> <ul style="list-style-type: none"> <li>▪ Work programme/activity evolved and refreshed annually</li> <li>▪ MoH priorities – there are vulnerabilities and priority areas for teams to work</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	

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		<p>through</p> <p><b>E Pharmacy</b></p> <ul style="list-style-type: none"> <li>▪ Being developed over a 18month period currently at the 6<sup>th</sup> month</li> <li>▪ Creating an asset for the region</li> <li>▪ DHBs to pay in advance</li> <li>▪ No advantages for HealthShare</li> <li>▪ This will be a template nationally – good visibility</li> </ul> <p><b>Clinical Workstations</b></p> <ul style="list-style-type: none"> <li>▪ Integration into primary care</li> <li>▪ Clinicians to access records anywhere</li> <li>▪ Avg 26% serviced by other DHBs</li> <li>▪ Medicine reconciliation – 30% primary unknown &amp; 20% DHBs not telling primary</li> <li>▪ It is about quality of care</li> </ul> <p><b>Decisions &amp; Sign Off</b></p> <ul style="list-style-type: none"> <li>▪ Where there are regional and local initiatives there seems to be no clear regional process for decision making and sign off</li> <li>▪ Sign off and approvals are being delayed pushing timeframes out by weeks/months and hard to meet deadlines</li> <li>▪ It was suggested that everything is included in the briefing paper plus links and references and ensure that it is noted that all expertise has been consulted eg. clinical teams, consumers, managers etc so that there is no need to backtrack and those at the top can be assured that all experts have had insight into initiative</li> </ul>		
2.5	<b>13/14 Planning Package</b>	<p><b>2 x CAMHS</b></p> <ul style="list-style-type: none"> <li>▪ See last section in plan referring to CAMHS – a discussion around implementing the guidelines</li> <li>▪ An expectation that a new sub section report on PP7.</li> </ul> <p><b>Wait Times</b></p> <ul style="list-style-type: none"> <li>▪ Wait times shouldn't be an action</li> <li>▪ PP8 Dashboard already done, this is negotiated each year (not an action)</li> <li>▪ 14/15 last of the 3 year</li> <li>▪ Belinda receives different information that is provided, not sure why they are different</li> </ul> <p><b>Financial Monitoring</b></p> <p><b>SDP – Page 15 &amp; 16</b></p> <p><b>1. Making better use of resources and value for money</b></p> <ul style="list-style-type: none"> <li>▪ KPI can still be there (PA and 1 x NGO provider)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Write up some wording for this area</li>            <li>▪ Katherine to write up</li> </ul>	<p>Katherine</p>          <p>Katherine</p>

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		<ul style="list-style-type: none"> <li>▪ Maximise %</li> <li>▪ Review of community support services</li> <li>▪ Wording to monitor F2F NGO time (project support for analysis – nation average)</li> </ul> <p><b>2. Improve primary secondary integration, service effectiveness (implementation, learning and sharing)</b></p> <ul style="list-style-type: none"> <li>▪ Waiting times – pilots occurring in Waikato &amp; BOP (1 – working closely with probation and corrections re triage (AOD clinicians – identify those coming out of courts undertaking) streamlined approach. (BOP)</li> <li>▪ 5 DHBs offered additional resource</li> <li>▪ Waikato 23% in services – 1 point entry probation go to triage, education sessions (NGO), telling them what to do with AOD staff</li> <li>▪ Not sure why projections are high in Waikato</li> <li>▪ Education and motivation groups</li> </ul> <p><b>3. Cementing the gains section 3 &amp; 4 on spreadsheet</b></p> <ul style="list-style-type: none"> <li>▪ Tairawhiti Recovery Action Plan (RAP) to be circulated and Ellen to describe the RAP in a few words</li> <li>▪ Promoting wellness planning and improving effectiveness engagement partnership (working groups, regional education/workforce (cuts two with one action)</li> <li>▪ 2<sup>nd</sup> action - Local</li> </ul> <p><b>4. Deliver increase for all age groups Sections 5, 6 &amp; 7</b></p> <ul style="list-style-type: none"> <li>▪ Social sector trials</li> <li>▪ Identify disparities</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>▪ What input does the MRCGN have with this?</li> <li>▪ Regional package is not out yet – 80% is local reflecting a regional approach</li> <li>▪ The package is available via the MoH website</li> <li>▪ Alliance and ringfence is best expressed in a narrative</li> </ul>	<ul style="list-style-type: none"> <li>linking KPI project</li> <li>▪ Belinda to provide wording</li> <li>▪ Ellen to circulate evaluation &amp; provide wording</li> <li>▪ Katherine to provide wording</li> <li>▪ Complete actions on sheet and send to Eseta</li> </ul>	<ul style="list-style-type: none"> <li>Ellen</li> <li>Katherine</li> <li>All</li> </ul>
2.6	<b>Other</b>	<p><b>Certification Audits</b></p> <ul style="list-style-type: none"> <li>▪ 1 Dec – Waikato will not go ahead until July 2014</li> <li>▪ Training to be provided</li> <li>▪ Mitigation re work for PMgrs</li> <li>▪ Letter gone to CEOs</li> </ul>		
3.0	<b>Meeting Concluded</b>	<ul style="list-style-type: none"> <li>▪ <b>2.00pm</b></li> </ul>		
3.1	<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>▪ <b>04 December, 10.30am</b></li> </ul>		

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		<ul style="list-style-type: none"><li data-bbox="535 121 1211 151">▪ Teleconference – Dial in: 083033 Pin: 531483</li></ul>		