

Present: Eseta Nonu-Reid (late), Belinda Walker, Nathalie Esaiah-Tiatia (HealthShare); Marita Ranclaud (LDHB); Katherine Fell, Rachel Poaneki (WDHB); Lesley Watkins (BOP DHB); Ellen Mildon (TDH)

Guests: Angela Moorehouse, Audrey Bancroft, Jo Chiplin (Ministry of Health); Sue Mackersey (BOP DHB)

Apologies: Connie Hui (BOP DHB); Jenny James (TDHB)

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> All welcomed to the meeting Meeting chaired by Katherine 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> Read and accepted by all 		
1.2	Matters Arising	<p>Regional AOD beds</p> <ul style="list-style-type: none"> Salvation Army put into the same spreadsheet we have for our other regional beds. Eseta sent through to Rachel to check as balances different Eseta still trying to get refund of Tairawhiti bed usage from Springhill 	<ul style="list-style-type: none"> Check then send out Salvation Army data Check of there is a wash up clause in the letter of agreement for Springhill 	Rachel Ellen
2.0	AGENDA ITEMS			
2.1	AOD Qualifications Framework	<p>Impacts going forward</p> <ul style="list-style-type: none"> Do we need to revisit how the qualification framework is impacting on and meeting needs Should we put on next year's work plan Important to have standard to align to. Most BOP NGOs have taken on board by provider arm is challenging Lakes feel it is food to have the framework Problem being that providers get their staff qualified and then they leave Waikato 75% are meeting the framework. However, dappanz has changed the provisional status requirements until qualified 	<ul style="list-style-type: none"> Go back to providers to see where they are at Framework to be reviewed in 2015 	Jen and Ellen Eseta
2.2	Regional Network	Who, what, when	<ul style="list-style-type: none"> Inform Graham of 	Marita

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	Meetings	<ul style="list-style-type: none"> ▪ Discussion about who will be on what regional network meeting – skill mixes ▪ Important to attend and feedback to each other <ul style="list-style-type: none"> ▪ Send out the agenda and ask people if they have input ▪ Provide a summary of the meeting ▪ Changes recorded <ul style="list-style-type: none"> ▪ Workforce Network - Marita ▪ Clinical Governance Network - Katherine ▪ Te Huinga o Nga Pou Hauora – Marita and Connie ▪ He Tipuana Nga Kakano – Jenny ▪ Te Ao Whanau – Ellen ▪ Addictions – Lesley or Connie ▪ Graham to approve the change of person representing P&F at Clinical Governance 	<p>change</p> <ul style="list-style-type: none"> ▪ Join next two MR CG teleconference once approved by Graham 	Katherine
2.3	Springhill Coordination	<ul style="list-style-type: none"> ▪ Discussion about the need for regional resource but still ensuring the right place for a person ▪ Midland Clinical Governance is preparing a paper for P&F ▪ Question asked – would the paper also include private facility as an option e.g. Casi Clinic ▪ Want to future proof and ensure that services meet the new AoD Act and detox requirements ▪ Support the idea of a centralised admin 	<ul style="list-style-type: none"> ▪ Send David Benton’s paper out again ▪ First draft by teleconference next month ▪ 	Eseta Eseta
2.4	Benchmarking	<ul style="list-style-type: none"> ▪ Nothing prepared for this meeting ▪ Lesley discussed the development of joint KPIs with provider arm and NGOs 	<ul style="list-style-type: none"> ▪ Send the KPIs and the Home Based Support benchmarking 	Lesley
2.5	MR Clinical Governance Network	<p>Marita provided an update from yesterday’s meeting</p> <ul style="list-style-type: none"> • Midland clinical governance are putting together a paper as to the criteria for best practice within AOD residential services • The group has agreed to use the Auckland H&C definitions, David Chaplow is going to do a stocktake against these 5 definitions • Looking at doing some work on the Inpatient treatment settings – team leaders are going to meet in May to discuss models of care <p>Waikato noted that they had heard that Midland GMs P&F were going to start meeting again, so not very thing will have to go through PFALT</p>	<ul style="list-style-type: none"> ▪ Send out the Auckland 5 definitions of High and Complex Needs <p>Eseta to check with Mary as to GMs meeting schedule</p>	Eseta Eseta

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		<p>where the 2 weekly reporting is implemented</p> <ol style="list-style-type: none"> a. We stated that we would put into place a regional process where the Midland Regional Team will ensure the reports are collected and collated from the individual DHBs and sent to the MoH b. Jo to send the template to Eseta <p>3. PBF% Agreement – the MoH sought clarification on what the region agreed – PBF share or individual tenders</p> <ol style="list-style-type: none"> a. We stated that the RPF document was clear that it was to be PBF% share and that is what each DHB agreed to respond to. The proposals submitted by each DHB was left as is and the decision to fund the varying amounts was for the MoH to make <p>4. Recruitment of Workforce – the MoH wanted to know if recruitment would be an issue, particularly in the small more vulnerable DHBs</p> <ol style="list-style-type: none"> a. We stated that where we do not have the ready workforce Midland is well used to growing our own. Sue also added that this will further be discussed at a Clinical Governance level as ensuring sustainability for specialist services is being viewed as a priority <p>5. Service Specifications – the MoH stated that current Perinatal specifications may not meet the acute focus required for this new funding and provider specific terms and conditions will be developed that focuses on Acute Care</p> <ol style="list-style-type: none"> a. Jo to draft up the clause and specifications and send out to the PMgrs <p>6. One Off Workforce Development Funds – the MoH stated that there is currently and underspend and that they are open to one off regional proposals. Funding is to be released before the end of this financial year, and who ever holds the funds must be able to ring fence it and carry it over to the 14/15 financial years.</p> <ol style="list-style-type: none"> a. Agreed that the Midland Regional Network would hold the funds for the region. b. Sue to source training and one years supervision for Perinatal clinicians from Australia and send details to Eseta c. Eseta to develop proposal for Project support to develop individual DHBs Implementation Plans d. Eseta and Nat to develop Resource and Checklist for Support Workers providing Packages of Care support 	<p>to Eseta for distribution</p> <ul style="list-style-type: none"> • Draft clause for Perinatal specification that focus to be on Acute Care and distribute to this group • Source training and one years supervision for Perinatal clinicians from Australia and send details to Eseta • Develop proposal for Project support to develop individual DHBs Implementation Plans 	<p>Jo</p> <p>Sue</p> <p>Eseta</p> <p>Eseta and Nathalie</p>

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		<p>Next Steps</p> <ol style="list-style-type: none"> 1. MoH to have telephone conversations with each DHB re their proposals – these need to occur within the next week 2. Contracts to be sent out within two weeks following the discussions 	<ul style="list-style-type: none"> • Develop Resource and Checklist for Support Workers providing Packages of Care support 	
2.9	Standing Items	<p>Work plan</p> <ul style="list-style-type: none"> • Final draft will be finalised <p>Waiting Times</p> <ul style="list-style-type: none"> • Training Power Point utilised with BOP Kaupapa Maori providers attached that explains Wait times • Katherine advised that Wait Times Target now for 0-19yrs AOD and CAMHS – all else dropped <p>Regional forum updates form those nominated to attend (Quarterly)</p> <ul style="list-style-type: none"> • Te O Whanau – Competency Guidelines finalised • Katherine sent out agenda and minutes from the Workforce meeting and a brief up date of key points <p>Local area updates</p> <p>Intensive Clinical Support (ICS)</p> <ul style="list-style-type: none"> • Some confusion in regards to next steps – BOP thought they had to come up with a solution, Waikato was awaiting contact from MSD/ Carmel through Eseta • Concern regarding how MSD will implement their funded ICS and that Waikato and BOP will miss out on funding 	<ul style="list-style-type: none"> • Add Whanau Competencies for next P&F agenda ▪ Teleconference 2nd April 2014 (Eseta to see sought a face to face meeting out as Carmel will be attending to discuss the next steps for Gateway) 	Eseta
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 2.45pm 	<ul style="list-style-type: none"> ▪ 	
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	