

## Building Blocks Discussion

- Get representation on HealthShare Clinical Steering Group is essential as it is the advisory group to the Board and 5 CEs
- Link information from and to regional networks
- Strategic Plan / National directions – use regional data and informing clinical best practice
- Evaluation on Regional Service Plan
- Moving Family and Consumer forums to strategic networks to use more effectively, align and feedback using regional data
- Not taking us individual DHB issues
- Case by case
- Papers developed
- Not shooting from the hip – must be on the agenda and background work done in advance with time to do data search
- be responsive not reactive
- not duplicate the old Clinical Leadership Group
- Are their limits on using evidence based best practice?
- Check alignment of individual DHBs on regional targets etc
- Projects will be driven by this group
- alignment of group – our attitude and behaviour needs to model what we want to see
- consistent interchange with CEO
- CEO of HealthShare be asked to come to every shared meeting
- define expectations
- evidence and influence
- give and take
- aligned with decisions made
- support CEO
- What are we leading – need to define what and how
- Blueprint II and how this will change things
- Marrying various outcomes so that we do not just have clinical outcome
- What happens when a DHB choose to opt out of something in the plan – we will need from them a plan on how else they will meet the objectives/targets

While it is a P&F decision on contracts, who is measuring the outcomes of those contracted services for the service user?

- Data information is not always tracking down the chain
- How do we use the data to influence
- If you do not have direct input into plans then all you can do is critique the plans of the people who do have the input
- identify and facilitate a setting that allows regional mental health & addiction to run in a positive way