



Present: Akatu Marsters, Eseta Nonu-Reid, Graham Mellsop, Anne Ridgeway, Graeme Judson, Sue Mackersey, Tess Ahern, Maureen Emery, Danny Smith

Guest: Deidre Mulligan

Apologies: Rees Tapsell, Te Pare Kingi-Meihana, Samir Heble, Jeff Bennett, Rachael Aitchison

No.	Topic	Discussion Points	Planned Action	By
1.	Whakatau / Welcome	<ul style="list-style-type: none"> Graeme welcomed everyone to the meeting 		
1.1	Apologies	<ul style="list-style-type: none"> As per above 		
1.2	Previous minutes			
2.				
2.1	Midland Clinical Governance Project	<p>Background and overview of the project provided by Deirdre.</p> <p>Discussion Points</p> <ul style="list-style-type: none"> Project scope should include Midland papers developed by Rajiv Singh and Graham Mellsop rather than undertake an additional literature review Would like to see CAMHS representation on MRCL, in Taranaki this group do not see themselves attached to Midland more so to the Central region Due to travel restraints teleconferencing and video conferencing would be a good option How would MRCG sit alongside the PHO? How will the CG group fit with the existing Midland Clinical Leadership forum? TOR is an important aspect Effective clinical group and structures. There is a group in Queensland, Australia who have taken clinical governance writings to the next level around effectiveness, this document may be valid <p>Next Steps</p>	<ul style="list-style-type: none"> To send Graeme Mellsop's Tairawhiti paper to Anne Draft up a high level interview questions Approach leads in individual DHBs face to face if available Attend existing forums over 6wk period Circulate key points to group and include Jennifer Ashman 	<ul style="list-style-type: none"> Eseta Deidre Deidre Deidre

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		<ul style="list-style-type: none"> ▪ Consultation of project scope with Midland Portfolio Managers next week ▪ Project Reference group will meet to finalise project scope, TOR and structured question framework 	(Waikato) & Ana Adlam (Lakes)	
2.2	Midland Regional Network Budgets	<ul style="list-style-type: none"> ▪ Midland GMs have approved a reduction to Midland MH&A at 129K ▪ This has been ringfence and secured for MH&A <p>Midland Business Analyst</p> <ul style="list-style-type: none"> ▪ Set aside 35K for a 0.5 Business Analyst for MH&A ▪ Position to be based in Waikato with position subject to the move to HealthShare ▪ To provide data analysis for regional & national contracts and also PRIMHD data ▪ GMs did not see this as a significant role, however waiting on paper with job description ▪ The group agreed that this role to sit in the Midland MH&A team <p>Clinical Services Planning</p> <ul style="list-style-type: none"> ▪ Approval of 94K for Clinical Services planning and ringfenced only to do with MH&A 		<ul style="list-style-type: none"> ▪
2.3	Regional Collaboration Project	<ul style="list-style-type: none"> ▪ Regional services are moving to HealthShare including Midland MH&A ▪ There will be change management for regional services ▪ Representatives from all service priorities to sit on the governance group – refer to Midland Region, Clinical Services Implementation Plan ▪ The MoH has suggested objectives which were missed in the clinical services plan <p>Regional Forensic Service Plan</p> <ul style="list-style-type: none"> ▪ A plan is already in place for the Midland MH&A ▪ Need clarity on bullets two and three of the Midland Region, Clinical Services Implementation Plan (under Mental Health header) and what happens to our objectives identified in our plan ▪ MRCL have expressed unhappiness with objectives this is not what the group had approved. CEs may be misled that the approval has come from our group 	<ul style="list-style-type: none"> ▪ Eseta meeting with Peter & Jenny (MoH) and will find out what has gone to the Minister – will look at objectives for 11/12 for Midland Region ▪ Clarification to be sought from MoH 	<ul style="list-style-type: none"> ▪ Eseta • Eseta
2.4	Midland NASC final document and recommendation implementation	<ul style="list-style-type: none"> ▪ The report is in its final stages of sign off. The MR CLF approved the final report and endorsed to the report recommendations. ▪ Moving into the recommendations of the report ▪ NASC teams in the region will be brought together to develop: 	<ul style="list-style-type: none"> ▪ Meeting with Roz Sorensen and 	<ul style="list-style-type: none"> ▪ Eseta

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	<p>update</p>	<ul style="list-style-type: none"> ○ Regional action plan ○ Development levels of competencies ○ Documentation (one form for the region rather than five different forms) ▪ Ensure process of client journey has the clinical, cultural and other components attached to it ▪ There are some duplication of clinical processes and need to ensure non clinical models accept the clinical aspect of the assessment (a need for structure) ▪ Needs are higher with complex cases requiring an OT or higher level assessment which is beyond the current skill level ▪ There are opportunities for NASC roles to take on comprehensive workforce with a NASC diploma available through Career Force <p>Future Meetings for Midland NASC Teams</p> <ul style="list-style-type: none"> ▪ If funding available – teams to meet twice yearly ▪ Include training component by using other NASC services which are well established in the country 	<p>Midland NASC teams to look at next steps. Action Plan to be bought back to MR CLF</p> <ul style="list-style-type: none"> ▪ Midland will lobby workforce centres for scholarships for 2012 	<ul style="list-style-type: none"> • Ruth & Eseta
2.5	<p>Midland Eating Disorders Hub and Spoke Discussion paper – feedback required</p>	<ul style="list-style-type: none"> ▪ Service Development for Eating Disorders has progressed well ▪ Some difficulty with the structure of the group with five coordinators who lead different eating disorders services in the DHBs and understanding the services in Auckland ▪ Linkages between the coordinators need to be maintained with strong links alongside ED services for knowledge of pathways <p>Eating Disorders Supervision</p> <ul style="list-style-type: none"> ▪ Political issues are arising ▪ Video conferencing hasn't progressed ▪ Attendance issues ▪ A need to change the model to be more accommodating for Midland and acknowledge it is not sustainable for clinicians to travel monthly ▪ Supervision is valued but needs to be delivered in a different way, concern we are not getting value, difficulty moving things forward. ▪ Localised supervision programme supported by Lakes, Tairāwhiti (endorsed) Waikato not here to offer an opinion ▪ Issues in Taranaki, current do not have an ED coordinator are negotiating with psychologist – not happy with the model ▪ Skills are improving within DHBs <p>Pathways for STARSHIP & THRIVE</p>		

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		<ul style="list-style-type: none"> ▪ Sign off and approval for Midland to Starship pathway ▪ Prefer to have discussions with the clinician at Starship re access to beds ▪ Discharge back to local areas – there is very little information and issues getting a plan to work with ▪ What is the decision or resolution when one DHB is filling the beds? <i>REDS are aware of status of beds – status reports should be given to the region</i> <p>All in attendance unanimously approved the pathways and to Sue championing the hub and spoke discussion with Auckland REDS</p>	<ul style="list-style-type: none"> • Feedback progress to next meeting 	<ul style="list-style-type: none"> • Sue
2.6	August & November Meetings	<ul style="list-style-type: none"> ▪ Meetings to be held on the second Thursday of the Month ▪ If unable to attend a “deputy” to attend on behalf of the representative <p>Waikato Absence</p> <ul style="list-style-type: none"> ▪ No Waikato reps at last two meetings which has implications for the usefulness of the discussion and the regional leadership ▪ Waikato led DHB for some regional services, need to be sitting at the table. Need collaboration and are key stakeholder <p>Apology for next meeting Apology received by Danny for August meeting – will send a rep on his behalf</p>	<ul style="list-style-type: none"> • Follow up with Waikato 	<ul style="list-style-type: none"> • Graham
2.7	General Business Confidential	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
3.0	Meeting Closed	<ul style="list-style-type: none"> ▪ 12.15pm 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ Next meeting on 11 August 2011 		