



**Present:** Akatu Marsters, Eseta Nonu-Reid, Graham Mellsop, Rachael Aitchison, Jeff Bennett, Katherine Fell, Maureen Emery (11am)

**Teleconference:** Anne Ridgeway, Graeme Judson, Sue Mackersey, Tess Ahern

**Guest:** Joan Mirkin, Roz Sorensen (11.15am)

**Apologies:** Rees Tapsell, Te Pare Kingi-Meihana & Samir Heble

No.	Topic	Discussion Points	Planned Action	By
1.	<b>Whakatau / Welcome</b>	<ul style="list-style-type: none"> <li>Graeme welcomed everyone to the meeting</li> </ul>		
1.1	<b>Apologies</b>	<ul style="list-style-type: none"> <li>As per above</li> </ul>		
1.2	<b>Minutes of previous meeting</b>	<p><b>Action Points from previous minutes:</b></p> <p><b>Starship Utilisation</b></p> <ul style="list-style-type: none"> <li>Access CFU access protocols - <i>completed</i></li> <li>Request CFU complete a Stakeholders report – <i>completed, Sue spoke with Clive requesting report – Northern region only, they have agreed we can have access</i></li> <li>Send out NHI data for people to drill down on - <i>MRCL sent NHI numbers for different DHBs for the beds. Drilling down into NHI to make sense for audit process for those using the beds and pathway</i></li> </ul> <p><b>Plan &amp; Acute Services Swap Shop</b></p> <ul style="list-style-type: none"> <li>Rachael tabled 4 booklets from Avon &amp; Wiltshire NHS: <ol style="list-style-type: none"> <li>Trust Seminar – Improving Care on Acute Patient Units (May 2002)</li> <li>What Works? Inpatient Nursing Network</li> <li>What Works? Inpatient Nursing Network – Action Learning Reader</li> <li>Patient Information – For Adult MH Wards</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Forward hard copies to BOP, Taranaki &amp; Tairāwhiti</li> <li>Sue, Te Pare &amp; Rachael to get together &amp; plan something for Midland Region</li> </ul>	<ul style="list-style-type: none"> <li>Akatu</li> <li>Sue, Te Pare &amp; Rachael</li> </ul>
2.	<b>AGENDA ITEMS</b>			
2.1	<b>Midland Needs Assessment Project</b>	<ul style="list-style-type: none"> <li>Joan gave a quick overview of the Needs Assessment project. The purpose of meeting with the Midland regional forums is to get feedback from sector to</li> </ul>	<ul style="list-style-type: none"> <li>To give update at next MRCL meeting</li> </ul>	<ul style="list-style-type: none"> <li>Joan</li> </ul>

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		<p>see where they see gaps in their services and use this to check data against people's views.</p> <ul style="list-style-type: none"> <li>▪ The last Needs Assessment was conducted in 2005 and not sure if the information from this was used. Would like to ensure this report is useful and meets the needs of the region</li> </ul> <p><b>Needs Assessment Steering Group consist of:</b> Joan Mirkin, Graeme Mellsop, Rees Tapsell, Belinda Walker, Karna Luke, Jenny James &amp; Barry Smith</p> <p><b>The Models</b></p> <ul style="list-style-type: none"> <li>▪ What is the need of the different population groups against what is currently being provided – what model/s is being used?</li> <li>▪ Document tabled with agenda – Proposed approach to identifying need and unmet need (Specialist Services)</li> <li>▪ There is no one perfect mode. To get a useful picture it is necessary to take a multi model approach and combine findings to reach reasonable conclusions</li> </ul> <p><b>Te Rau Hinengaro</b></p> <ul style="list-style-type: none"> <li>• Te Rau Hinengaro looks at prevalence under diagnosis and highlights significant proportion of Maori who don't access Primary Care service. Will take data as it currently stands as a starting point. Need to acknowledge assumption that people don't access – unmet need</li> <li>• Te Rau Hinengaro has higher prevalence rates compared to rest of country of MH&amp;A</li> <li>• Te Rau Hinengaro does not have info at DHB level only at a regional and national level</li> <li>• Te Rau Hinengaro only captures from 16yrs and over ,will need to access info from Werry Centre for 0-6yrs. CAMHS info important and is a priority</li> </ul> <p><b>.Discussion / Feedback</b></p> <ul style="list-style-type: none"> <li>• Bulk up MH diagnosis under MH&amp;A category</li> <li>• Suggested grouping into disorder type</li> <li>• Utilising coexisting and addictions will be good rather than individual disorders</li> <li>• Matching up data from Te Rau Hinengaro and PRIMHD to look at what the unmet need is and give an assumption of the proportion of prevalence in moderate category need, to access services</li> <li>• HoNos worth looking at for percentage extraction to see what information this gives.</li> <li>• Look at Coexisting Data and PRIMHD (Primary &amp; Secondary data). PRIMHD data focuses on PHO and NGO however this is specific to the services provided but does not cater to those who do not access these services</li> </ul>	<ul style="list-style-type: none"> <li>• Organise video conference for 19 October</li> <li>• Fnd out more info from tech perspective &amp; breakdown ethnicity by DHB &amp; compare similar size populations</li> <li>• Joan to investigate further</li> </ul>	<ul style="list-style-type: none"> <li>• Akatu</li> <li>• Joan</li> <li>• Joan</li> </ul>

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		<ul style="list-style-type: none"> <li>• Need to ensure data is captured by Primary MH</li> <li><b>Pacific Group</b></li> <li>• Tairāwhiti have no Pacific MH Services but have a high population of Pacific families</li> <li>• BOP have a small population</li> <li>• Waikato have a very small scattered population with Tokoroa holding the majority</li> <li>• Midland families travel to Auckland for treatment and stay with relatives and use their relatives address as domicile area</li> <li><b>Gaps</b></li> <li>Bay of Plenty</li> <li>• AOD gaps</li> <li>• Service for Young People how have opted out of CYFs care (14-16yrs). Local service support by way of rehabilitation</li> <li>• Services for Older People</li> <li>Waikato</li> <li>• Youth Forensics</li> <li>• Services for Older People &amp; Dementia</li> <li>• Maternal MH &amp; Child Infant</li> <li>• Child &amp; Adolescent</li> <li>• Drivers of Crime</li> <li>• AoD</li> <li><b>In Closing</b></li> <li>• Needs assessment to be a data exercise rather than a wish list</li> <li>• MoH Guidance on Needs Assessment &amp; recommend the views of those working in the sector</li> <li>• MoH determines priority and this is where funding will go, however there is ability for DHBs to look at their priorities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide contacts for Primary MH to Joan</li> <li>• Joan to meet with all DHBs face to face or Tele/Video conference to discuss further</li> <li>• Any thoughts or useful ideas to assist with Needs Assessment please let Joan know</li> </ul>	<ul style="list-style-type: none"> <li>• All</li> <li>• All/Joan</li> <li>• All</li> </ul>
2.2	<b>Midland NASC Project (teleconference)</b>	<ul style="list-style-type: none"> <li>• In 2004 – 2005 Roz reconfigured regional services for Northern region to free up bottlenecks occurring. Service evolved and now they are looking their NASC services. Otago, Southland DHB contacted ROZ to assist NASC to provide quality and options to offer people, process is up for review.</li> <li>• The Planning &amp; Funding process in the country has different models happening within the DHBs. In Midland there is a lot of variation, challenges moving service user from one area to the next. The purpose of this project is to look at a way to deliver NASC services and provide options to decide as a region to “change, keep existing or explore further” models.</li> </ul> <p><b>Structure of This Process</b></p>	<ul style="list-style-type: none"> <li>▪ To give update at next MRCL meeting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Roz</li> </ul>

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		<ul style="list-style-type: none"> <li>• Interview NASC personnel's with the following key questions:               <ol style="list-style-type: none"> <li>1. How NASC service delivered?</li> <li>2. What models are being used?</li> <li>3. Have there been changes in last 5 years if so, what?</li> <li>4. SWO analysis about NASC</li> </ol> </li> <li>• Process: to bring staff together and analyze information and talk about the results with options going forward</li> </ul> <p><b>Feedback:</b></p> <p><b>Taranaki</b></p> <ul style="list-style-type: none"> <li>• NASC sitting with Iwi Provider – Tu Tama Wahine</li> <li>• Variation in NASC role with a 0.8FTE</li> <li>• Are struggling in the area – looking forward to outcome of the review</li> </ul> <p><b>Bay of Plenty</b></p> <ul style="list-style-type: none"> <li>• NASC sitting with Iwi Providers</li> <li>• Emailed suggestions relating to the TOR – MRCL &amp; managers have an important role</li> <li>• Steering group was not established, prefer method of consultation with MRCL. Range of options will be put forward before decision making</li> </ul> <p><b>Waikato</b></p> <ul style="list-style-type: none"> <li>• NASC sitting with Iwi Providers – Maniapoto Trust</li> <li>• TOR reasonable</li> <li>• Stocktake of what is occurring in NZ and benefits found across functions and models</li> <li>• Variety of ways NASC operates; Is there a sense of principles that sit above at a higher level?</li> <li>• First principles – Te Tahuhu and Te Kokiri, consumer choice, timeless &amp; access</li> <li>• Address material under 3 headings:               <ol style="list-style-type: none"> <li>1. Aims of NASC</li> <li>2. Effectiveness Models</li> <li>3. Efficiencies</li> </ol> </li> </ul> <p><b>Lakes</b></p> <ul style="list-style-type: none"> <li>▪ NASC sitting in the Provider Arm and aligned to Services for Older People</li> <li>▪ Keen to see overall how the model which is implemented sits and the depth behind it</li> </ul> <p><b>Tairāwhiti</b></p> <ul style="list-style-type: none"> <li>▪ NASC system working well</li> </ul> <p>The Service Specifications need to be assessed – leaves a lot of room for</p>	<ul style="list-style-type: none"> <li>▪ Provide Provider Arm contacts for Roz</li> <li>▪ Provide Provider Arm contacts for Roz</li> <li>▪ Organise for Roz to meet with Maniapoto Trust</li> <li>▪ Provide Provider Arm contacts for Roz</li> <li>▪ Provide Provider Arm contacts for Roz</li> <li>▪ Follow up with Te Pare &amp; Tom</li> <li>▪ Need to follow up</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anne / Graeme</li> <li>▪ Tess / Sue</li> <li>▪ Jeff / Katherine</li> <li>▪ Maureen</li> <li>▪ Eseta</li> <li>▪ Roz</li> </ul>

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		creativity		
2.3	<b>Ashburn Hall</b>	<p><b>Restructuring</b></p> <ul style="list-style-type: none"> <li>▪ Ashburn looking at restructuring accommodation</li> <li>▪ 5 MoH funded beds removed and diverted to Auckland for Eating Disorder beds</li> <li>▪ Loss of revenue – services dropped</li> <li>▪ Dropping the number of beds from 25 to 20</li> </ul> <p><b>Referrals</b></p> <ul style="list-style-type: none"> <li>▪ Not admitting anyone from DHBs until bed numbers are sorted</li> <li>▪ Referrals are still coming in and there is no access to beds until numbers drop</li> <li>▪ Consequence is waiting lists increasing in Midland and people decline due to 6 – 9 months of waiting for access</li> <li>▪ Taranaki referred at the end of 2009, discharge plans for those service users are in place</li> <li>▪ Ashburn need to move longer staying service users to accommodate others</li> </ul> <p><b>Health Professional Usage</b></p> <ul style="list-style-type: none"> <li>▪ Beds increased to 23 beds due to very high utilization by Health Professionals</li> <li>▪ Ashburn to come up with a “tighter definition” of who a “health professional” is</li> <li>▪ Regional gatekeeper being the pathway for access to beds</li> </ul> <p><b>Review Process</b></p> <ul style="list-style-type: none"> <li>▪ Review process – Ashburn to provide each DHB with MoH report regarding Progress of Patients</li> <li>▪ Have not looked at discharge plan for longer staying service users due to their models</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>▪ Prices of beds have gone up and requirement for better throughput</li> </ul>	<ul style="list-style-type: none"> <li>▪ Regular agenda item – update at next meeting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sue</li> </ul>
2.4	<b>CFU - ED</b>	<p><b>How do we organise and manage access from Midland?</b></p> <ul style="list-style-type: none"> <li>▪ DHB coordinators are in place, need to ensure we prioritise sensibly</li> <li>▪ Northern District continuum pathway and draft access to Starship beds</li> <li>▪ Aligning to Auckland regional process for decision making and case management supervision for clients in local communities</li> <li>▪ Discussion had with Rogē &amp; team (REDs) regarding MRN draft continuum pathway – NDT central point for access to Starship (NDT provide clinical advice and align to ED Auckland team)</li> <li>▪ Resistance with this process for Midland, possible loss of control.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eating Disorders steering group meeting on 11 October need to discuss: <ul style="list-style-type: none"> <li>○ Continuum of care &amp; feed back to MRCL</li> <li>○ Different perspectives</li> </ul> </li> </ul>	

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		<p>Reassurance the utilisation will be for experts prioritizing service users for access to beds</p> <ul style="list-style-type: none"> <li>▪ Midland 1 FTE to sit within this team and has access to dietary, psychiatry and other multi disciplinary support</li> <li>▪ Eg. For complex cases usage of video conferencing equipment: 2 DHBs doing case presentation based on clinical priority</li> <li>▪ Expertise around the “hub &amp; spoke model” was circulated, this reflects Midland well</li> </ul>		
2.5	<b>GM Papers</b>	<p>Papers tabled with the agenda:</p> <p><b>Midland ED update which outlines progress to date</b></p> <ul style="list-style-type: none"> <li>• Utilisation and monitoring : align to RED NDT monthly supervision (transparent process) multi-disciplinary team</li> <li>• MRCL regular contact in the future</li> </ul> <p><b>Update on Projects from underspend – where we are at with those</b></p> <ul style="list-style-type: none"> <li>• Midland Region Needs Assessment Project</li> <li>• Midland Addictions Clinical Qualifications Project</li> <li>• Midland NASC Stocktake Project</li> <li>• Midland Phase II Takarangi Competency Workforce Development</li> </ul> <p><b>Midland PRIMHD Update Paper</b></p> <ul style="list-style-type: none"> <li>○ PRIMHD implementation</li> <li>○ Midland will be completed in December</li> <li>○ Purpose of paper is to look at alternative options when PRIMHD project is completed as Planner &amp; Funders approached to pick up this role. This paper recommends alternative options and GMS are to determine which option to pursue</li> <li>○ Planner &amp; Funding stakeholders in place for PRIMHD – they receive update list regularly (weekly)</li> </ul>		
2.6	<b>General Business</b>	<p><b>Midland Methamphetamine Proposals</b></p> <ul style="list-style-type: none"> <li>▪ All Midland providers were successful and contracted the following: <ul style="list-style-type: none"> <li>• Te Utuhina Manaakitanga 2 Kaupapa Maori Beds</li> <li>• Salvation Army (Waikato) 5 beds</li> <li>• Rongoatea ??</li> </ul> </li> <li>▪ Midland receive MoH utilisation reports – happy to circulate amongst MRCL</li> </ul> <p><b>Future MRCL Meetings</b></p> <ul style="list-style-type: none"> <li>▪ Look at changing policy for meetings – some restrictions to travel</li> <li>▪ VC capability for the future</li> <li>▪ Meetings prior or after National meeting in Wellington</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bring Providers together for an update</li> <li>▪ Distribute reports</li> <li>▪ Agenda item for next meeting?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eseta</li> <li>▪ Eseta</li> </ul>

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3.0	<b>Meeting Closed</b>	<ul style="list-style-type: none"> <li>▪ 12.15pm</li> </ul>		
3.1	<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>▪ 07 December 2010, Ventura Inn, Hamilton</li> </ul>	<ul style="list-style-type: none"> <li>▪ Jeff to invite Income Support to next meeting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Jeff</li> </ul>