


10.00am, 26 May 2011, Best Western Braeside, Rotorua

Present: Akatu Marsters, Belinda Walker, Eseta Nonu-Reid (MRN), Graeme Judson, Anne Ridgway (TDHB), David Benton, Jaime Thompson, Anne Gosling, Donna Blair, Diane Nant


Guest: Jenny Wolfe & Pam Armstrong

Apologies: Denal Meihana, Venice Thompson, River Paton, Tracey Tuhi, Hester Hattingh

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> David welcomed everyone in attendance and introductions were given by all Waylyn opened with a karakia 		
1.1	Approval Previous Minutes	<ul style="list-style-type: none"> Moved by Eseta and Seconded by Anne 		
1.2	Matters Arising	<ul style="list-style-type: none"> Methamphetamine referral pathway forms Pharmac letter has been sent NCAT letter has been sent 	<ul style="list-style-type: none"> Eseta to send out to the MRADD 	Eseta
2.0	AGENDA ITEMS			
2.1	AOD Act & MoH Update	<p>Compulsory Alcohol or Other Drug Treatment Review of the Alcoholism and Drug Addiction Act 1966</p> <ul style="list-style-type: none"> Refer to embedded presentation  <p>Adobe Acrobat Document</p> <p>MoH Update</p> <ul style="list-style-type: none"> There is restructuring occurring at the MoH which has resulted in AOD and MH treatment programme, this also includes problem gambling Peter Kennerley and Memo Musa are working together until position opens up for the group manager 	<ul style="list-style-type: none"> Forward Jenny's details out to MRADD Jenny_Wolf@moh.govt.nz 	Akatu

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		<ul style="list-style-type: none"> ▪ Workplan – AOD review is a major piece of work along with Co-existing problems ▪ Drivers of Crime – Workstream around alcohol and workforce, implications for non health workforce ▪ Welfare working group – beneficiaries with AOD issues are receiving support with their recovery and encouraged back in to the workforce 		
2.2	Midland Clinical Governance Project	<p>Overview This project will determine a more effective way of ensuring that key regional decisions have sound clinical leadership endorsement in a timely manner.</p> <ul style="list-style-type: none"> ▪ Deidre Mulligan brought into to lead the project ▪ Draft project scope tabled – this has been signed off at the GM level ▪ Current reps are a tight descriptive group of Clinical Directors and Service Managers who are made up of: <ul style="list-style-type: none"> © Rees Tapsell, Graham Mellsop, David Benton, Michael O'Connell, Luis Villa, Belinda Walker, Marita Ranclaud, Anne Ridgway and Sue Mackersey ▪ Group will be developing high level interview questions which will be circulated for feedback 	<ul style="list-style-type: none"> • Send out final questions and take back to stakeholder groups and send 	Belinda
2.3	Midland Collaboration Project	<p>Overview: Currently Midland services are sitting in a lead DHB model which means Midland staff sit within that DHB. Back end support services will be moving under one umbrella in a shared service model, Healthshare.</p> <ul style="list-style-type: none"> ▪ Healthshare is owned equally between the five DHBs (20% each) ▪ Three Midland services will be moved into the entity “MH&A, Clinical Services & Cancer” ▪ Move envisioned for August / September 2011 ▪ Healthshare will be changing their identity to encompass new structure <p>Midland Region Clinical Services Implementation Plan 2011/12 – tabled with agenda</p> <ul style="list-style-type: none"> ▪ The Minister directed regions to do clinical services plans, this went to the MoH and showed mental health was missing in the plan ▪ Mental health objectives were added to the plan around Medical Detox, development of Forensics Plan (which is already in place for Midland) – need more clarity on what is required 		

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2.3	Reducing Contracts	<p>Difficult to plan around contracts that have been reduced to 1year, this has been driven by the economic times</p> <p>Key message:</p> <ul style="list-style-type: none"> • Sustainable services • Value for money • Umbrella type roles 	<ul style="list-style-type: none"> • Could be approached from a regional manner • Need to discuss with P&F (a lot of change over the last 3 years) 	Eseta
2.4	Budget Reduction	<p>Midland MH&A budgets will be reduced for the coming financial year, over previous years we have carried underspend which has allowed for one off workforce and other projects.</p> <p>This will have an impact on regional forums. Looking at reducing the strategic planning days to “one dayers”, swap shops will be cancelled for the majority of the forums.</p> <p>We may invite Peter Kennerley and Jenny Wolfe to look at key themes for additions and Matua Raki to profile a service implementing CEP strategies and showcase “Cutting Edge”</p>		
2.5	CEP Levels of Competency	<ul style="list-style-type: none"> • Tabled with agenda <p>Overview Members were split into two groups to feedback on the Midland CEP competencies.</p> <p>Feedback</p> <ul style="list-style-type: none"> • Awareness of what is available and how to access competencies • DAPANZ will take priority however addition competencies will compliment the tohu • Page 5 = remove “eg” • Page 5 = first row, second column to include “alternative” into the sentence – eg. Awareness of the physical and “alternative” interventions...this to be included in all boxes • Page 6 = Pregnancy is “specialist column” add awareness of SAFD prevention and promotion of no drinking during pregnancy • Page 7 = Tobacco Dependence and Pathological Gambling, to include “ as per contractual agreement • Page 8 = Raise public awareness <p>All unanimously agreed and accepted final amendments and finalisation of</p>	<ul style="list-style-type: none"> • Define terms and add to the back of the document 	

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2.6	Midland Addictions Clinical Qualification Project update	<p>document ☺</p> <p>Purpose</p> <ul style="list-style-type: none"> ▪ Setup qualifications and identify what the pathways would like and also look at what clauses will be inputted into the contracts <p>Report</p> <ul style="list-style-type: none"> ▪ This will come in sections in draft form via email <p>Feedback</p> <ul style="list-style-type: none"> ▪ DAPAANZ are the recommended qualifications for AoD with Real Skills to define the competencies. ▪ AoD practitioners come under the ACT. ▪ DHB practitioners have Health Practitioners Competence Assurance (HPCA) framework but do not have AoD speciality and no post grad qualifications ▪ HPCA and DAPAANZ have structures in place to support the frameworks and are both endorsed by the MoH ▪ Need specialist assessors to meet the ADA Act – DAPAANZ is acceptable and framework meets the act ▪ Framework is not linked to the MECA – pay rates are per DHB not a regional matter 	<ul style="list-style-type: none"> ▪ Draft report timeframe 2 weeks – to be circulated ▪ Circulate national data going to HPCA regarding AoD roles with no AoD qualifications <p style="text-align: center;"> S:\LDHB Planning & Funding\Midland Regi</p>	<p>Pam</p> <p>Pam</p>
2.7	General Business	<p>PRIMHD</p> <ul style="list-style-type: none"> ▪ The project comes to an end of the 30 June and farewell will be held for Belinda and Vivienne ▪ Evaluation of programme through Monkey Survey – we would like everyone to feedback on PRIMHD ▪ David thanked the Midland team for the work they do within the region ▪ Midland will fund to employ a 0.5 FTE to support PRIMHD and also 0.5 FTE decision support <p>Addiction Doctors & Psychiatrist Workshop</p> <ul style="list-style-type: none"> ▪ Workshop will be held on Withdrawal and Detox ▪ Registrations are required 	<ul style="list-style-type: none"> ▪ Send link to everyone ▪ Graeme to send Akatu flyer to distribute and add to Midland website 	<p>Belinda</p> <p>Graeme / Akatu</p>
3.0	Meeting Close	<ul style="list-style-type: none"> ▪ 2pm meeting closed 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ To be confirmed due to swap shop cancellations 		