





Present: Eseta Nonu-Reid, Belinda Walker, Graeme Judson, David Benton, Anne Ridgway, Terry Taumaa, Dave McEwan, Venice Thompson, Diane Nant, Charity Hansen, River Paton

Guest: Pam Armstrong

Apologies: Hester Hattingh, Tracey Tuhi, Donna Blair, Carol Clarke, Paul Clifford, Akatu Marsters

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> ▪ Graeme welcomed everyone ▪ Terry provided karakia 		
1.1	Approval Previous Minutes	<ul style="list-style-type: none"> ▪ Approved Eseta, seconded David 	Reps to provide regional updates - these need to be filled out and sent Akatu so we know what is happening in other areas	All
1.2	Matters Arising	<p>Methamphetamine update</p> <ul style="list-style-type: none"> ▪ National beds are able to be accessed and referral pathway available. ▪ These are all national beds. Broad criteria around entry. ▪ Pilot projects ends next year so beds need to be utilized. Te Utuhina Manaakitanga Trust (2 beds) Rongo Atea (2 beds C&Y), Salvation Army (2 beds + 4 detox beds), Taranaki contract separately. 	<ul style="list-style-type: none"> ▪ Eseta to send out referral forms for all to this forum once finalized 	<ul style="list-style-type: none"> ▪ Eseta
2.0	AGENDA ITEMS			
2.1	Midland Health Needs Assessment consultation	<p>Purpose – more accurate information about what is needed for prioritisation</p> <p>Midland has</p> <ul style="list-style-type: none"> • large rural population • larger Maori population than national • high deprivation <ul style="list-style-type: none"> ▪ Gaps identified for Midland were read, explained and discussed ▪ Discussion needed between P&F, provider arm and NGO's on how we 	<ul style="list-style-type: none"> ▪ Eseta will circulate the Minister 2011 Action Plan when released ▪ Group to discuss with local AOD forums and provide feedback by 31st March. 	

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		reconfigure within existing resources <ul style="list-style-type: none"> ▪ All encouraged to feedback on report and send to Akatu by the 31 March 	www.midlandmentalhealthnetwork.co.nz for full report and feedback form	
2.2	NASC project report consultation	<ul style="list-style-type: none"> • What NASC services have in Midland and nationally • How do we work • What could be changed? • Midland have mixed bag of NASC services • Looking at streamlining and reducing duplication • Roz came back with 7 recommendations which were shared with group, now we need to provide feedback • Function of NASC is absolutely pivotal to clients journey through services safely • Eseta will be pulling all NASC together to look at way forward – regional systems and processes • Transferring lessons learnt across the region <p>Refer to embedded document for feedback</p>  <p>S:\LDHB Planning & Funding\Midland Regi</p>	<ul style="list-style-type: none"> ▪ Group to provide feedback to Eseta on AOD issues www.midlandmentalhealthnetwork.co.nz for full report and feedback form.	
2.3	Addictions Clinical Qualifications project	<p>Purpose – recommend list of qualification for those funded under clinical contracts in Midland</p> <p><u>Issues</u></p> <ul style="list-style-type: none"> ▪ Defining ‘clinical’ is not dissimilar across Midland and is a debate that continues to occur nationally ▪ Inconsistency ▪ National Specs <ul style="list-style-type: none"> ○ regulated and no-regulated workforce ○ not enough definition for P&Fs to what “clinical’ is and what qualifications ensure a clear definition ○ AOD fits under allied health staff ○ no consensus on Kaupapa Clinical <p>We may not reach consensus but may reach agreement</p> <ul style="list-style-type: none"> ▪ Qualifications alone do not imply competency – attitudes, skills and 	<ul style="list-style-type: none"> ▪ Pam will send emails to group and vice versa for feedback ▪ Pam to attend to next forum 	

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		<p>experience must be part of this</p> <ul style="list-style-type: none"> ▪ AOD clinician ▪ CEP capable ▪ Set of competencies ▪ Whanau Ora ▪ Evolving workforce ▪ Services purchased by FTE type. P&F need to monitor and enforce contract – but need calcification on what is needed in the AOD workforce to do this ▪ Funding moving to outcome based and working with other agencies ▪ High Trust & Alliance Contracts – such as MSD <p>The group were answered the following question: what are the qualifications and skills needed?</p> <ul style="list-style-type: none"> ▪ Please refer to embedded document <div style="text-align: center;">  <p>S:\LDHB Planning & Funding\Midland Regi</p> </div> <ul style="list-style-type: none"> ▪ Pam would like this group to be Reference Group for the project and information can be fed back both ways. This will be by email not by visiting individual areas/providers ▪ Belinda to provide project support 	<ul style="list-style-type: none"> ▪ Pam to contact Paul from Salvation Army for feedback ▪ All to support this action 	
2.4	Addictions Swap Shop strategic day planning	<p>Looking at areas of innovation and creativity at evaluation stage – presentations of this</p> <p>First day to be mini-conference and open to AOD and MH sector. Presentations from each DHB region. Use to learn from other successes and challenges. MoH, MHC and AOD to be invited Abstracts will be required from those putting forward to present</p> <p>Waikato Rongo Atea – Whanau Ora Team – Te Puni Kokiri funded and have been providing for one year – co presentation from Rongo Atea and TPK</p> <p>BOP Hanmer Clinic – Outcome based Treatments. Also Detox Programme based on herbal/vitamin supplements</p> <p>Tairāwhiti CEP or Te Kupenga or Ngati Porou Hauora</p> <p>Taranaki</p>	<ul style="list-style-type: none"> ▪ Eseta/Akatu to make sure that the Strategic Planning Days do not clash with Cutting Edge Conference ▪ Eseta to send reminder about abstracts + forms to group 	<p>Akatu</p> <p>Eseta</p>

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		How made use of KPP to turn it into something useful. useful data for Methadone Mahia Mai – Marae Programme Lakes Takarangi Framework and the difference it is making		
2.5	CEP Levels of Competencies Discussion Capital Coast	<ul style="list-style-type: none"> ▪ Final Strategic Plan – 4 DHBs and Waikato going on their own ▪ Case formulation workshops to be held in each region ▪ Eseta working with the 4 DHBs getting competencies agreed. Eseta going to each district. 	<ul style="list-style-type: none"> ▪ 	Eseta
2.6	PHARMAC Document	<ul style="list-style-type: none"> ▪ Proposing change to 'close control' drugs rule ▪ Concern have been raised as clients could be given 1-3 months worth of medication at one go ▪ Pharmacist makes the decision about the amount given ▪ GPs only can apply for the authority for close control and specialists will not be able to 	<ul style="list-style-type: none"> ▪ Graeme to draft letter of response and send through o Akatu for editing 	Graeme
2.7	Inclusion in the National Addiction Committee	<ul style="list-style-type: none"> ▪ Will be good to have a representative from NCAT on this group 	<ul style="list-style-type: none"> ▪ David to draft a letter and send through to Akatu for editing 	David
3.0	Meeting Close	<ul style="list-style-type: none"> ▪ 2.30pm 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 26 May 2011, Best Western Braeside, Rotorua 		