Minutes of Midland Region Meeting - Midland Addictions Leadership Network

9.30am, 27 February 2013, Best Western Braeside, Rotorua

HealthShare — He Rourou Takitahi — Midland district health boards' shared services agency

Midland District Health Boards — MENTAL HEALTH & ADDICTION REGIONAL NETWORK — Service Development • Workforce Development • Partnerships & Relationships

Present: Belinda Walker, Eseta Nonu-Reid, Ann Gosling, Suman Te Puni, Heather Turner (minute taker), David Benton, Donna Blair, Diane Nant, Debby McEwan, Allan Russell, Pene Te Puni, Waylyn Tahuri-Whaipakanga and Klare Braye

Apologies: Joleen Turnball, Rachel Poaneki, Haehaetu Barrett, Rose Taylor, Lesley Watkins, Wilhelm van Rooyen

No response: Brett Mataira, Irene McMahon, Terry Taumaa, Paul Clifford

No.	Topic	Discussion Points	Planned Action	By
1.0	**Whakatau / Welcome**	▪ Karakia by S Te Puni and welcome to everyone by D Benton.		
1.1	**Approval of Minutes**	▪ Approved by D Nant and seconded by W Tahuri-Whaipakanga		
1.2	**Matters Arising**	▪ ADOM codes set up to go but some issues occurring		
2.0	**AGENDA ITEMS**			
2.1	**DAPAANZ Registration Criteria final**	▪ The Portfolio Managers requested for this item to be placed on the agenda for consistency. They particularly wanted the groups attention bought to clauses 3 and 7 ▪ Only a Level 7 qualification is identified as "clinical" and not a Te Taketake diploma ▪ Others will need to go on and do a post graduate qualification ▪ DAPAANZ registration is used for employing staff ▪ Robust feedback was put into DAPAANZ before it was finalised ▪ Due to the cost of the qualification it would put a lot of people out of the running and agencies would close ▪ Te Taketake diploma requires a full year of work before being registered ▪ We have no control over what DAPAANZ does, we can only give our feedback ▪ Within DHB's your Portfolio Manager will be discussing this with services ▪ When Midland AOD guidelines comes up for review do we want to include Te Taketake in the guidelines. When reviewed next year MR ADD will make a strong recommendation for its inclusion ▪ A reminder that Study Link will not fund a post graduate qualification	▪ Recommendation to be put forward with regards to qualification guidelines when DAPAANZ is reviewed in 2014	Eseta

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		▪ Going back to Portfolio Managers and clinical governance – we will review next year. Note that this is covered by our standards and pushed across to the left hand column next year. ***Motioned by D McEwan and seconded by D Benton.*** ▪ Midland AOD Qualification framework – **NB:** DAPAANZ registration is optional and Level 7 or higher qualification is a requirement. ▪ Point 7 – Agree with what DAPAANZ has said ▪ Registration process has been tightened up and lining up with NZAQ and NZAC ▪ Overall everyone was happy with to put this forward		
2.2	**Te Whare Oranga Ngakau Update**	Donna provided and update to the group and led the discussion ▪ TWON has been bought in line with the annual contracting rounds ▪ Team Leader, Materoa Pene will be in touch with each DHB area, he has been down to Tairawhiti ▪ Feedback from Tairawhiti on the visit was that it was good and built up good relationships ▪ Sector visits have reflected positively on referrals coming through ▪ Big undertaking for staff but good feedback is coming through. We do have some growth areas to work on ▪ Services are encourage to continue referring, Tuhoe Hauora acknowledged and thanked for continuing to work with TUMT ▪ Registered nurse left to return to DHB and there has been ha difficulty in recruiting ▪ The new RN is a new graduate. It has been agreed with the Lakes provider arm that the RN will spend a day a week on the ward ▪ Her supervisor is AOD and mental health trained ▪ There is some issues with clients under the MH Act and transfer of RC which is not required if the client is settled. ▪ Draft MOU has not been signed off and there have been changes in clinical directors in four of the Midland DHBs. ▪ Eseta advised that these issues are being addressed and will follow up with Clinical Governance	▪ Eseta to follow up re signed MoU	Eseta
2.3	**Standardising Tools**	▪ Diane led the discussion on set tools and standardised tools. What do other services do and how easy is it when looking at tools? **Language** ▪ Risk management, urgency and priorities we need to have an understanding of terminology	▪ Send Capital/Coast form to Diane. ▪ Tool used by Allan to be sent to everyone.	Pene Allan

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		Different Templates ▪ Springhill & Odyssey – there needs to be one template for everyone ▪ Eseta is in the process of organising a teleconference will all of the out of area and regional AOD residential providers to look at one referral form and assessment criteria to cover all of the providers – this will occur soon ▪ TUMT uses a tool from CADS in Auckland – The gold standard is identified in Te Ari Ari ▪ DHB's do block standardisation and use own systems/forms. ▪ A Lakes review is currently happening in the Mental Health Services ▪ Discussion on what could be standardised. Group agreed rather than take a scatter gun approach that the group should identified a couple of projects that the group will support ▪ Note that there are nationally and internationally used tools ▪ Leads, Audit and SACs most commonly used screening tools – Kessler scale ▪ Family Burden" scale is used for whanau and is the most commonly used, others are available depending on preference. ▪ ADOMS has been done by Te Pou – waiting for finalisation of the documentation, training manual and protocols. EOI's are being done at the moment and then roll out will occur. Survey Monkey EOI form with specific questions will be developed and circulated. If interested in implementing ADOMS then contact Klare. ▪ Group agreed on three standardisation projects that will be shared across the region and implemented: 1. Residential referral to regional AOD providers - Eseta 2. BOP Referral pathways with probation – Ann 3. Lakes CEP Assessment – Alan	▫ Set up teleconference ▪ Send out Survey link to Managers when published	Eseta Belinda
2.4	**Innovative Practice Conference 2013**	▪ Diane led the discussion re interest form the group to present at the Cutting Edge conference What topic would this group like presented? ▪ This conference will be held at the Civic Conference Centre in Rotorua and the key notes have been finalised. The focus is on grass roots practice and CEP is also being presented ▪ Individual approach to presenting, there is a strong presence from the Midland region e.g. CEP that has been done in Lakes, Pharmacology. ▪ DAPAANZ poster awards, research award – if you are struggling for focus or direction then look at these incentives along with workshops ▪ Remember that a number of forums occur prior. It is four days of intense information. ▪ This group is encouraging involvement in the Cutting Edge seminar which is		

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		being held in September – early indication has been sent ▪ The group agreed that there would not be a Midland mini-conference this year so that the focus will be on supporting Cutting Edge		
2.5	**HISO Review Update**	▪ MR ADD was thanked for the feedback which was submitted to the MoH ▪ Still not definitive yet as this still has to go through another step before finalisation ▪ Maori codes remaining but cultural assessment will go in next time ▪ Changes come into affect in 2014 ▪ The group gave a big thank you to Belinda for all her hard work.	▪ Training on codes will occur when finalised	Belinda
2.6	**Midland draft Workforce Strategic Plan**	▪ The Midland Workforce Strategic plan is a high level plan and is valid for the next three years ▪ Every year a Workforce priorities plan will be implemented **Feedback: Midland Workforce Strategic Plan** ▪ Great document ▪ **Goal 1, 4th action** required – Midland DHB's provider arms to be included. ▪ **Goal 2** – Signed off by Government but not funded ▪ Sitting with Maori Leadership GMs for 2013/2014 financial year ▪ Current proposal from Te Rau Matatini. Ongoing cost by sustainable funding by Maori GM's. ▪ Supportive of Trauma informed Care initiative. National guidelines – waiting for these to come out. ▪ **Goal 3** – workforce mini conference – this will be held in 2014 and 2016 Minimum competency guidelines – skills based as well as competency ▪ **Goal 4** – ok ▪ **Goal 5** – action required bullet point – mainly mental health and mainly residential ▪ Needs more work to be AOD specific? Utilise outcome data, improve life outcomes (add on) and management of wait time ▪ What are the outcomes from the Ministry? Other outcomes as indicated by national documents? Include that wait time data is to be looked at. Using Lakes data as a pilot which can then be used nationally. ▪ Suggestion for the next meeting to have presentation on wait time data.	▪ Amend plan ▪ Put together a presentation on wait time data to present at next meeting.	Eseta Belinda
2.7	**Regional Services Plan – draft MH&A Objectives**	▪ These are objectives that have been identified by MOH, clinical governance and or Regional Managers. ▪ This is the Annual work plan that will determine what the priorities and projects needed	▪	

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<tr><td></td><td></td><td>Feedback
▪ Clinical Governance – increase across the ages as this only covers dementia. Develop models of care around fund shifting in 2015/2016 and this will be across the age continuum. Hopefully the ministry will give some guidelines.
▪ Quality and Safety – no concerns from an addiction perspective.
▪ High complex – we would support a clinic.
▪ Service Delivery – Youth Forensics, we would like some feedback on what the provider does.
▪ Research and Evaluation – Fine as it stands
▪ Enablers/support – regional workforce plan. We have identified our priorities. Regional summits supported by all.</td><td></td><td></td></tr>
<tr><td>2.8</td><td>General Business</td><td>NHB Q2 Report
▪ Document tabled for your information
▪ This was pushed back from Ministry re Mental Health
▪ Waiting for them to come back to us
2012 Mini Conference Evaluation Report
▪ Document tabled for your information
▪ Well worth doing this again
▪ In 2014/2015 we will be looking at summits (two days).
Synthetic Cannabis
This was raised at the Consumer meeting on Tuesday, 26th. What can be done and what lobbying can be done? Is K2 more psychotic than marijuana? There are no established studies as yet. In BOP there are two / three users coming through compared to 40 users of marijuana. As yet there is no clear evidence that this leads tp psychosis. It was pointed out that K2 costs more than cannabis
▪ Tairawhiti starting to see large increase in users and are looking at how data can be gathered and what are the impacts of K2, etc.
▪ This could be an up and coming issue due to affordability
▪ The Consumer group proposed to go back to DHB's with regards to non compliance for data, but there is no way to measure this information
▪ Prime TV – 60 Minutes documentary on Tuesday, 26th regarding cannabis in Colorado. Google this if you would like to view it.
Final TAW TOR for Publication on website
▪ All agreed and supported the TOR to be published on the website
▪ Under the "Process" section with regards to the "three strikes with no apologies" discussion was held and all agreed it was best the Midland Director contacts member/s rather than the Chair</td><td></td><td></td></tr>
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3.0	**Meeting Concluded**	▪ **1.20pm**		
3.1	**Next Meeting**	▪ 29 May 2013, 9.30am, Best Western Braeside, Rotorua	**Please confirm attendance for travel and catering purposes.**	