

Present: Belinda Walker, Eseta Nonu-Reid, Donna Blair, Pene Te Puni, Ann Gosling, Suman Te Puni, Steven King, Rachel Poenaki, Debby McEwan, Klare Braye. David Benton (Chair), Jo Lynd (Minute Taker).

Apologies: Rose Taylor, Allan Russell, Pania Hetet (replacing Waylyn Tahuri-Whaipakanga while on secondment)

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Karakia by Suman Te Puni and everyone welcomed by David Benton Steven King introduced himself to the group 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> Approved by Pene Te Puni and seconded by David Benton 		
1.2	Matters Arising	<ul style="list-style-type: none"> Teleconference from 3rd April 2013 minutes approved by Ann Gosling and Seconded by Debby McEwan 		
2.0	AGENDA ITEMS			
2.1	Midland Regional AOD Residential Service Presentation Follow-ups from Clinical Governance for discussion:	<p>Please refer to the embedded presentation</p>  <p>S:\LDHB Planning & Funding\Midland Regi</p> <ul style="list-style-type: none"> Discussion around centralised referral process We should be looking at local provider, before looking further afield – most of NGO services deliver AOD It should be about the competency of practitioner to match the client to the residential centre and the competency of the centre to provide for the client <p>What should we be setting as a benchmark around residential placements?</p> <ul style="list-style-type: none"> Start with a better managed referral process to help determine where the demands are in the future Final Decision will be made by Clinical governance and planning & funding Table highlighted on page 4 – highlighted was agreed by clinical governance. If we use this as a starting point then out to consultation <p>Group of providers providing differing treatment options, who qualifies or what criteria is used?</p>		

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		<ul style="list-style-type: none"> ▪ Need to be clear on what service is offering and what they can handle with the level of funding and expertise Can they get well in the community or do they need residential care, what is in place when they get home for post recovery? ▪ Can't get past the first come, first served basis for clients. ▪ Recommendation that clinical governance would like this group to undertake a project that supports residential providers. Clear process and a clear understanding on what is being spent. What are the criteria and why are people be referred What are the delivery expectations again the reality of what is being delivered? ▪ Actions from Clinical Governance meeting requested: <ul style="list-style-type: none"> ○ Actions are develop screen tool for pathway to develop a referral process. ○ Undertake a model of care project ▪ Need a model of care for consistency and a planned process that is adapted and used by all ▪ Request that the report has a clear recommendation that residential care is part of continuum of care, but not in isolation ▪ It was suggested that we adopt the flow chart at the back of the Uniform AOD Residential Placement Criteria documentation and the recommendations on pages 6 & 7, No's 4, 5 6 7 & 8. The group agreed with this idea ▪ The group discussed that their needs to be changes to recommendation – No. 4 to take out comprehensive assessment with <i>Te Ariari o te Oranga</i> as a footnote and add a recommendation that residential care is a continuum of care ▪ Who within the organisation have the ability to sign-off on the referral forms and who can refer clients to residential care? On the referral form for some DHB's there can be up to 14 differing groups to be able to refer and sign ▪ Waikato has started the development of their model of care which has taken 18 months and is still in the early stages. Rachel to present the progress of Waikato Model of Care Project to the group at the next meeting Central referral management point discussion outcome: ▪ Adopt the flow chart at the back of the Uniform AOD Residential Placement Criteria documentation and the recommendations on pages 6 & 7, No's 4, 5 6 7 & 8. Changes to recommendation No 4 to take out comprehensive assessment with <i>Te Ariari o te Oranga</i> as a footnote and add a recommendation that residential care is a continuum of care ▪ Come out to the sector as a guidance report and for local implementation 	<p>Section to be edited in the document</p> <p>Sign-off of referral form sent to Ann Gosling</p> <p>Send Model of Care Project (Waikato) to All</p>	<p>Eseta</p> <p>Rachel</p>

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		<p>and will also be included in the model of care project – all agreed</p> <ul style="list-style-type: none"> ▪ Model of care project will need to make recommendations about current and future transition steps, which will need to be taken to get there. Generic overview of what the client’s process, not a local view. Use the Waikato Model of Care Project as a benchmark – all agreed 		
2.2	Midland Project Updates	<p>Youth Forensic Model of Care</p> <ul style="list-style-type: none"> ▪ Signed off and final document sent to the Planning and Funding Alliance Team <p>Forensic Futures Progress Review</p> <ul style="list-style-type: none"> ▪ Final sent for sign off <p>Midland Workforce Strategic Plan</p> <ul style="list-style-type: none"> ▪ Final sent and acknowledgement to everyone for their input <p>Infant Maternal Continuum update</p> <ul style="list-style-type: none"> ▪ A perinatal and maternal workshop was held in Hamilton which was well attended by Waikato and Taranaki participants. ▪ Mother and Baby unit for Auckland and Northland ▪ In the process of organising a second workshop for discussion around allocation of funding for acute component of service <p>Youth Summit Update</p> <ul style="list-style-type: none"> ▪ To be held on 22 & 23 October ▪ Abstracts close on Friday and have received lots of response within BOP Theme is Rise Up to Recovery to the Challenge of the Future <p>Cutting Edge</p> <ul style="list-style-type: none"> ▪ Starts on Thursday, 12 September ▪ Free workshops will be held on the Saturday. ▪ Programme is available on the Cutting Edge on the website which includes the keynotes 		
2.3	Te Whare Ngakau Oranga update	<ul style="list-style-type: none"> ▪ Just completed first impaired driving programme – 12 participants and 10 completed. 12 month follow-up and had great feedback with excellent attendance ▪ This year they hosted a couple of people through IMAL – shared programme knowledge and information - indigenous models of care ▪ Inundated with auditing of quality by Health & Disability standards – no corrected actions in residential terms. Then audited by Healthshare and had 7 corrected actions. 		
2.4	MSD Reforms	<ul style="list-style-type: none"> ▪ Attended leadership day in Auckland and in response to email around new 	<ul style="list-style-type: none"> ▪ MSD Reform added 	Eseta

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		<ul style="list-style-type: none"> ▪ This forum is the only one that has not gone through the EOI process, when EOI send out need to have an AOD “youth” skill-set / background. Setting a dollar value aligned to Clinical Qualification Guidelines ▪ General consensus was that this is not possible and that it is a (PSA) union issue and also up to individual boards and Managers of staff on what they want to pay their staff Personal Development to Meet Needs / Gaps ▪ Working with young people lots of other needs coming through ie. Family counselling, couples counselling, grief counselling etc – where do Tairawhiti go to fund those needs ▪ Will have to buy in the extra training and unfortunately Midland don't provide any training ▪ Klare advised to talk to KINA, but they will charge. They do family inclusive training. KINA have been taken over / under the umbrella of NSAD 		
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 1.47pm 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 27 November 2013, Best Western Braeside, Rotorua ▪ Rachel to present the progress of Waikato Model of Care Project to the group at the next meeting 	<ul style="list-style-type: none"> ▪ Presentation at next meeting on Model of Care Project 	Rachel