



Present: Belinda Walker & Eseta Nonu-Reid (HealthShare Ltd), Connie Hui & Marita Ranclaud (PMgrs), Phyllis Tangitu & Vanessa Wiki (Lakes), Hine Moeke-Murray (Tairāwhiti), Hineroa Hakiaha (Chair - Waikato), Marua Wharepouri & Waylyn Tahuri-Whaipakanga (BOP), Kuma Leilua (Taranaki), Arama Pirika & Eru George (Kaumatua), and Jane Hope (minutes)

Apologies: Haehaetu Barrett (Lakes)

No Response: Rita Tupe (BOP)

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Arama and Eru opened with a the Whakatau and Karakia Whakawhānaungatanga amongst members 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> The minutes of the previous meeting were approved as circulated 		
1.2	Matters Arising	<p>Terms of Reference</p> <ul style="list-style-type: none"> Have been edited and is tabled as a discussion item on the agenda <p>Eating Disorders – Obesity</p> <ul style="list-style-type: none"> There has been discussion at the MoH who have made it clear that ED covers bulimia and anorexia only and did not include obesity as the Midland ED Strategic Plan document that notes “obesity will need addressing in the future <p>Hua Oranga</p> <ul style="list-style-type: none"> The proposal went to GMs Māori Health, who asked Eseta to have a closer look and make recommendations The document requires a contribution from each DHB of \$20K, but that represents disparity due to differing sizes of DHBs and corresponding use of service, so a counter recommendation has been submitted If Hua Oranga is purely about training people, a suggestion has been tabled for Midland to employ someone to carry out the training, awaiting decision from the MoH Pending on the decision this will go forward to 14/15 financial year due to funding in the 13/14 years already being committed. <p>Nga Purei Whakataa Ruamano Meeting</p> <ul style="list-style-type: none"> A summit was proposed at last meeting but it was then decided to recommend holding a two-day Hui. Phyllis and Hineroa to feedback when 		

No.	Topic	Discussion Points	Planned Action	By
		they arrive.		
2.0	AGENDA ITEMS			
2.1	Draft Terms of Reference	<p>Explanation of Māori “kupu” and Name of Roopu</p> <ul style="list-style-type: none"> ▪ Primary aim was to give Māori essence to TOR, to produce a document different to pakeha versions. Translation and meanings explained by Eru & Arama <p>‘Te Huinga o Nga Pou’</p> <ul style="list-style-type: none"> ▪ The gathering of high level health experts who use their collective skills to weave the pathway of wellbeing in Mental Health and Addiction. <p>Mission statement – “Ate Raukawa”</p> <ul style="list-style-type: none"> ▪ A variety of flax with high quality fibre. Flax contains strands that link together to produce a solid, strong structure, as mental health links with health issues across the board and ‘Ate’ is referred to the “seat of emotion” <p>Draft Two TOR</p> <ul style="list-style-type: none"> ▪ Need to include a Māori rule of thumb/appropriate word to describe our work practice. The new name for this group covers all our dreams and aspirations have come from that direction ▪ Qualifications: need clarification that those with lower qualifications are not necessarily less qualified to attend to Māori issues – life experience ▪ The TOR is too lengthy – it is a living document that needs to be easy to refer to. Can still be different from pakeha but needs streamlining ▪ TOR were very clear and beautifully written: no need to shorten. ▪ The drop-down action plan that derives from the TOR will be short and succinct. ▪ Principles of the document should be embedded in everything we do. ▪ The word “Clinician” was questioned – Māori in mental health may not have qualifications but should be recognised as specialists/clinicians. Instead they are sometimes sidelined. It was agreed that this is a point of interest to the group that needs addressing but not in the TOR ▪ Culture in organisations needs to be changed to address the lack of recognition for Māori health workers: you can give someone a nationally recognised title, but unless the culture is adaptable and accommodating, it will not make a difference ▪ Workforce development – project currently being undertaken through Te Pou and Midland Māori network will have large input into that ▪ TOR need to be clear about function and objective ▪ TOR will be reviewed every year <p>Please refer to embedded document for feedback and amendments</p>	<ul style="list-style-type: none"> ▪ Amend document ▪ Provide translation 	Eseta Arama

No.	Topic	Discussion Points	Planned Action	By
		 <p>S:\LDHB Planning & Funding\Midland Regi</p> <p>Discussion</p> <ul style="list-style-type: none"> ▪ For more information about Nga Purei the document will guide them to the website – it is not relevant for inclusion in the TOR. ▪ Make sure there is a macron on Māori – this will be done on final document. ▪ It was agreed that the above changes be incorporated and circulated for final review. ▪ Members of this group will have two weeks to respond –need to ensure members consult with their colleagues for feedback within that timeframe. 	<ul style="list-style-type: none"> ▪ Finalise document and circulate ▪ Provide final approval/feedback 	<p>Phyllis</p> <p>All Members</p>
2.2	<p>MoH Service Development Plan (SDP)</p>	<ul style="list-style-type: none"> ▪ This is a very important document to have Māori influence to gain traction ▪ Important to look at sections of SDP that impact heavily on Māori and identify what actions are required over next year to address these ▪ The objectives are around reprioritising money therefore need to decide what objectives we need to set and test it with our group <p>Workshop Three Identified Key Objectives</p> <ul style="list-style-type: none"> ▪ Members were split into three groups to identify “key objectives” – please refer to embedded document for feedback  <p>S:\LDHB Planning & Funding\Midland Regi</p> <p>Actions from Feedback</p> <ul style="list-style-type: none"> ▪ Invite Simon Hardy to the August meeting to explain expectations ▪ Invite Michael O’Connell to meeting to explain “step-care approach – integration component parts” ▪ There is scope for bringing regional and district plans back to this group at August meeting, we can have influence on this. <p>Reminder</p> <p>The ‘What’s New’ newsletter is circulated each month which gives up-to-date information of what is available nationally</p>	<ul style="list-style-type: none"> ▪ To be followed up ▪ Obtain regional and district plans for August meeting 	<p>Eseta</p> <p>All</p>
2.3	<p>Midland MH&A Projects</p>	<p>Consumer Competency Framework</p> <ul style="list-style-type: none"> ▪ This came about from last year’s mini conference which focused on consumer leadership ▪ This framework will feed into a regional project and into MoH national 	<ul style="list-style-type: none"> ▪ Update document to incorporate feedback as required 	<p>Eseta</p>

