

Present: Eseta Nonu-Reid and Belinda Walker (Health Share), Hinemoerangi Ngatai-Tangirua (Chair – Taranaki), Natalie Esaiah-Tiatia , Jo van Leeuwen (Taranaki), Nic McGrath (HTNK), Elaine Wogan (DON), Emma Wood (Te Pou), Kahu McClintock (Te Rau Matatini), Cindy Mokokoko (BOP), Kathleen Fell (Waikato) Shona Tahau (Minutes), Klare Bray arrive 11.20am (Matua Raki)

Apologies: Debbie Barrow, Richard Woodcock & Michael Bland, Janelle McCallum

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Kahu opened the meeting with a Whakatau and Karakia 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> The minutes were accepted as presented and will be put forward for ratification at the next meeting 		Eseta/Kahu
1.2	Matters Arising	<p>Late Nov 2015 (Tainui) theme not decided yet</p> <p>Healing Spirit</p> <ul style="list-style-type: none"> Will be held in early December 2015, check the Te Rau Matatini website for more information <p>National Suicide Prevention Strategy by Te Rau Matatini</p> <ul style="list-style-type: none"> Working out partnerships for this strategy to kick start in February 2014 There is a component for a Maori research agenda - LeVa has expressed an interest to sit at the table Tariana Turia has asked that this goes out to the communities rather than health institutions <p>Trauma Informed Care (TIC)</p> <ul style="list-style-type: none"> From a national perspective there is a limited view Strong opinion to leave TIC and look at a community solution TIC needs to be woven through several areas The impact of the Christchurch earthquake has brought out some pieces of work which may include areas of TIC Look at bringing in Debra Wells to do workshops as a starting point early next year - first instance is awareness raising. Would like thoughts from group to present again in the New Year We need to capitalise on NZers in Australia already working in TIC and seek 		

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		<p>some help from them – need a good clinical scope</p> <ul style="list-style-type: none"> ▪ WHO have broad guidelines on TIC. ▪ Kaumatua to be a mentor for staff. Full support from meeting to start. Want Midland to achieve. Out of this other needs could arise. ▪ Part of workforce planning look at readiness templates. Send through thoughts to Eseta. Eseta to take back to MRCGN next year. Emma to check if any update on any of Te Pou’s previous work. Clinical scope for project of this group. New Year work plan. Plan and assist NGOs with plan. Add link to website <p>Regional Summits</p> <ul style="list-style-type: none"> ▪ Summits – Rangitahi summit was well attended (over 80 kids), participated well, 70 in the providers stream – innovative ways to interact with youth. Whanau hui went well too. Consumer Summit still to come. Try Tyrone Pene (Workwise) as a presenter. Elaine will check Whakatane person who won Innovation Award 2013 to present – will email info. Still need more registrations. Centre 401 consumer to improve physical health. Make priority WFLN Workforce Stocktake. ▪ 2.5 Update sent out. Add-on should read “Aid-on” 	<ul style="list-style-type: none"> ▪ Eseta to send out link to counterparts in Australia 	
2.0	AGENDA ITEMS			
2.1	Workforce Planning Lead Role & Expectations	<p>90 Day Plan</p> <ul style="list-style-type: none"> ▪ Workplan has been drafted and will be made available after the stocktake workshop held with Te Pou, Central, Northern and Southern. From this stocktake more information will come out. This will be held on the 15th November ▪ Workforce planning is a sector approach and Te Rau Matatini are committed to support, however not all Maori Health providers will be included but more focussed on Maori Mental Health providers ▪ It was brought up at the PMgrs meeting that we need to look at Suicide Prevention and needs to be on everyone’s radar as this will be a joint project ▪ There are many things happening in the sector throughout the region but nothing has been centralised – need to pull together all the training and forward info onto Eseta who will canvas with PMgrs and workforce conveners 	<ul style="list-style-type: none"> ▪ Workplan an agenda item for next meeting ▪ Find out who is delivering Suicide Prevention workshop in Taranaki 	Nic
2.2	Family Whanau Competency Framework	<ul style="list-style-type: none"> ▪ Day two of the family whanau summit looked at the Competencies through an open room exercise ▪ Changes have been made based on the feedback received however one section that has been held off is the Workforce section on page 27 section 12 “Qualifications Required” ▪ Feedback: 		

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		<ul style="list-style-type: none"> ○ why would we want “Maori for Maori by Maori” ○ more partnerships where mainstream have not done well ○ retained Maori for Maori and non Maori working with Maori <p>Members split into groups to brainstorm “Competencies” under Hauora Maori, NZQA and Non NZQA:</p> <p>NZQA</p> <p><i>Essential:</i></p> <ul style="list-style-type: none"> ▪ MH&A Support Worker Certificate <p><i>Practitioner:</i></p> <ul style="list-style-type: none"> ▪ Takarangi Framework, MH&A Support Worker Diploma, Social Work Diploma, Counselling Diploma <p><i>Leader:</i></p> <ul style="list-style-type: none"> ▪ Staircase approach to qualifications, linking papers/qualifications drawn from social work, leadership and MH&A which already sits in the framework <p><i>Gaps / Discussion:</i></p> <ul style="list-style-type: none"> ▪ Gaps in curriculum across the board re FVIP, CEP, CP, AOD, TIC ▪ There is nothing at Leadership level for Maori – cultural Awareness and Te Tiriti training is very minor ▪ Recognition from Te Rau Matatini that they have a role in non-Maori working with Maori ▪ Working with rangatahi because they are the workforce of the future. ▪ Staircase approach to relevant qualifications to the role ▪ In the final version, it has brought about a significant change for working with Maori <p>Non NZQA</p> <p><i>Essential:</i></p> <ul style="list-style-type: none"> ▪ LGR learning module x 3 – participation in relevant, targeted training on work with families and whanau eg. KINA trust, future competency frameworks (national family advisor), influencing, facilitating and advocacy <p><i>Practitioner:</i></p> <ul style="list-style-type: none"> ▪ LGR learning module x 3, relevant diploma level qualification level 6, life experience, assumption – pre-requisite of essential <p><i>Leader:</i></p> <ul style="list-style-type: none"> ▪ LGR learning module x 3, recognised formal leadership and management/professional development/training, recognised training in coaching and mentoring <p><i>Discussion:</i></p> <ul style="list-style-type: none"> ▪ If not using the word “Practitioner” could be “Beginner, Intermediate, Senior Leader”. Practitioner conjures clinical connotations. Want evolution not 	<ul style="list-style-type: none"> ▪ Consult with Te Ao Whanau for advice 	<p>Midland team</p>

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		<ul style="list-style-type: none"> revolution. ▪ Unique set of skills in these roles, real thinking needs to be taken into account. Workforce defined, skill sets being sorted, future proofs. <p>Maori Statistics New Zealand</p> <ul style="list-style-type: none"> ▪ Notes to be sent to Eseta ▪ Te Rau Matatini will watch demographic changes for Midland region 	<ul style="list-style-type: none"> ▪ Emma to seek advise at DHB Family Advisors group ▪ To be followed up 	<p>Emma</p> <p>Kahu / Cindy</p>
2.3	Consumer Competency Framework	<ul style="list-style-type: none"> ▪ Eseta will transfer what has been discussed into Consumer Competency Framework 	<ul style="list-style-type: none"> ▪ Add into executive summary that this is not a funding structure for contract 	Eseta
2.4	Midland Regional Update	<p>Perinatal and Maternal Project</p> <ul style="list-style-type: none"> ▪ This is an infant project and not focused on a maternal project – there are very few services delivered to this age group ▪ RFP proposal of \$680,000 to provide acute options which goes to the MoH by 26 November ▪ Phase 1 nearly finished on the Clinical Pathway ▪ Phase 2 will start next year, this will be done in each DHB and info collated 	<ul style="list-style-type: none"> ▪ 	
2.5	2013-2014 Workforce Planning Pages 14-18	<ul style="list-style-type: none"> ▪ Workplace Stocktake fits under Workforce Plan ▪ Goal 3 – Youth Advisor Competencies done and on Werry Centre website ▪ Goal 4 – Suicide Plan captured in this section <p>Go ahead for 3 and 4</p> <p>Whanau Ora & COPMIA</p> <ul style="list-style-type: none"> ▪ Te Rau Matatini working on Whanau Ora and COPMIA competency and will be presented to MOH mid next year. <p>Waiting Times Addictions</p> <ul style="list-style-type: none"> ▪ Wanting times for waits for Addictions – working through DHOs etc. What's in and what's out according to health providers. Working on getting data clean – Midland is pristine and useable compared to others <p>ADOM</p> <ul style="list-style-type: none"> ▪ ADOM – there are data systems but clinicians need to be trained. Training will be taking place in Christchurch at end of November 2013 targeting regions ▪ Systems need to be in place to collect ADOM data, tweaking needed ▪ Managers, funders, leaders are on board. Clinicians need to want train. ▪ Central is pulling out of ADOM temporarily because of internal restructure ▪ July 2015 is the mandate to roll out, takes a lot of preparation. The first year 	<ul style="list-style-type: none"> ▪ Forward website link to Eseta so can be added to agenda 	Klare

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		<p>is voluntary for DHBs, second year is compulsory. NGOs – not sure.</p> <p>TIC Suicide Prevention & Intervention and Workforce Stocktake a lot of work</p>		
2.6	Workforce Centre Updates	<p>Te Pou</p> <ul style="list-style-type: none"> ▪ Emma Wood will be replacing Richard Woodcock as the Te Pou representative on the MWLN ▪ Workforce Planning and Stocktake – strengthen approach. Work being done should strengthen Workplace Stocktake ▪ Seclusion & Reduction ongoing ▪ Talking Therapies and Stepped Care – put on hold for a while, more movement now and updates will happen ▪ Midland and Northland competencies are up to second consultation – future work direction will come out of it. Continue to support use of information. New Year will be able to provide an update. ▪ Six Core Strategies – core foundation to Seclusion & Reduction, what’s also needed from a cultural perspective. Looking at local level. Checklist developed to utilise strategies ▪ Developing guidelines of use of restraint training. Consultation started – to be completed by June 2014 <p>Matua Raki</p> <ul style="list-style-type: none"> ▪ ADOM – MOH using and adapting ▪ Stocktaking in planning and development stage. Will identify and collect data on Addictions as part of stocktake. Collection of data once “yes” It will not be perfect but will do the best they can done ▪ Professional Development Activities <ul style="list-style-type: none"> ○ Older Persons Workshop being developed ○ Introduction to MI from Tikanga perspective. ○ COPMIA ○ CEP Symposium next week – will be available online ○ Whare Atiki rollout. Primary Care Strategy ○ Addiction Nursing Symposium. <p>Te Rau Matatini (TRM)</p> <ul style="list-style-type: none"> ▪ Maori Addiction Strategy being written – due to the Ministry by end of Dec 2013 ▪ Whanau Ora being written – due to the Ministry by end of Dec 2013 ▪ Scholarships are open now for Rangitahi until 20 January 2014 ▪ TRM have supported Midland symposiums and also provided funding to 	▪	

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3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ Kahu acknowledge everyone and gave well wishes for the festive season ▪ Meeting closed at 1.35pm with karakia from Kahu. 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ Meeting dates for 2014 will be sent out in December 		