



Present: Akatu Marsters, Eseta Nonu-Reid, Nathalie Esaiah-Tiatia (HealthShare), Hine Moeke-Murray (Tairāwhiti), Kahu McClintock, Tio Sewell (Te Rau Matatini), Pania Hetet (BOP), Marita Ranclaud, (Lakes), Kume Leilua (Taranaki)





Apologies: Uncle Arama, Eru George, Connie Hui, Maureec Ngawaka-Nathan, Donna Blair, Hinemoerangi Ngatai-Tangirua

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Hine welcomed everyone to the meeting Tio opened the meeting with a karakia 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> Minutes moved and accepted as true and correct 		
1.2	Matters Arising	<p>Hua Oranga</p> <ul style="list-style-type: none"> Phyllis took the proposal to the Midland GMs Māori to discuss who in turn requested more information from psychiatrist, this was sent to Hine Elder which raised questions about the validity of the tool. Graham has responded to the questions however nothing has been done since then The validity phase was to be with NGOs, training went to Waitemata due to inconsistencies within Midland region The regional services plan in the mental health section has been signed off by the MoH which includes the implementation of Hua Oranga to follow through with at least a pilot Midland has an underspend, it was suggested we run a project to pilot Hua Oranga – all in agreement Recommendation to MRCGN for a project, Te Huinga o Nga Pou Hauora will run a one year pilot of Hua Oranga in the Midland region looking at 5 pilot sites in each of the DHB areas <p>Justification</p> <ol style="list-style-type: none"> Hua Oranga has been on agenda for 2.5 years Midland significant contributor to the development stage of Hua Oranga RSP plan signed off as an objective to reduce disparity and increase access for Māori HoNOs does not capture Māori well Members of THOPH have unanimously agreed to move forward and commit 	<ul style="list-style-type: none"> He Ritenga audit tool on the agenda for next meeting Kahu to provide costs for the pilots Tio & Nathalie to work together on the roll out Eseta to do a paper to MRCGN Kahu to raise with Graham 	

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		<p>funds for a one year pilot in each of the 5 DHB area's alongside Te Rau Matatini</p> <p>How are we going to get pilot sites to commit? – (NGOs)</p> <ul style="list-style-type: none"> ▪ Reference and criteria for pilot ▪ Utilise the process used in Waikato via an EOI process to go out to Kaupapa Māori NGO managers <p>Whānau Competencies</p> <ul style="list-style-type: none"> ▪ PMgrs are keen to look at competencies however at this time they will be developing a clause to input in 15/16 contracts 	<ul style="list-style-type: none"> ▪ Tio to send the process to Nathalie 	
2.0	AGENDA ITEMS			
2.1	Rising to the Challenge National Steering Group Update	<ul style="list-style-type: none"> ▪ We have two representatives from the Midland region sitting on this group, Nic Magrath (TDHB) as national consumer rep and Phyllis Tangitu (LDHB) ▪ Unsure whether this group fed back to last quarters report, its imperative PMgrs include Kaupapa Māori services in their reporting ▪ MoH are requesting info on increase of Māori accessing and measuring access 	<ul style="list-style-type: none"> ▪ Eseta to raise with PMgrs 	Eseta
2.2	Māori MH Summit Update	<ul style="list-style-type: none"> ▪ We are looking for steering group members to assist in the planning or organising of this summit, to date we have held one teleconference - Whaea Kume acknowledge she would assist on group ▪ We have had a date change for the summit already ▪ It was expressed that unhappy Midland out of the loop, need to be at the forefront to lead and direct, the summit needs to be re-iterated through other regional networks, if no traction then we may need to cancel ▪ We are wanting to promote innovation and stories in the Midland region, not interested in international and academic presenters ▪ The theme is Hei Wero, Hei Taniwha – Blending cultural and clinical <p>Keynote</p> <ul style="list-style-type: none"> ▪ Sonja Macfarlane (Confirmed) ▪ Te Kani Kingi (Confirmed) ▪ Request Rees as opening address – Eseta to put on the pressure him!! ▪ Judge Bidios (to be contacted) ▪ Hingatu Thompson – to present around SIP (to be contacted) <p>Presenters</p> <ul style="list-style-type: none"> ▪ Cindy Mocomoko (Confirmed) ▪ Poutiri (Confirmed) ▪ Lifewise Trust (Confirmed) ▪ Patricia Bennett (Confirmed) 	<ul style="list-style-type: none"> ▪ Send out flyer and abstracts to members 	Akatu

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		<ul style="list-style-type: none"> ▪ Tu Tama Wahine to be encouraged to send in an abstract around Rongoa specialist, Ukelele and oil making (to be contacted) ▪ Contact other groups in the region that are innovative – encourage to put in an abstract ▪ Seek sponsorship from Te Rau Matatini for pakeke (across the region), Taranaki and Tairāwhiti accommodation 		
2.3	Rising to the Challenge KPI Section 29	<ul style="list-style-type: none"> ▪ Good measurement for Māori, this would count how many Māori were on section 29 at any one time ▪ Provider Arm don't collect this info as DAMHS are required to capture information (community treatment order) ie. How many were secluded and restraint counted by hours, how many did not attend or why they did not attend ▪ This is locked in with reporting monthly on measurements ▪ How did GMs arrive at the decision that this would be a good measurement? GMs Māori, Waikato write the Māori Health plan that sits in the regional services plan ▪ MoH are wanting more detail on how to decrease seclusion/restraint, increase access and reduce disparities 	<ul style="list-style-type: none"> ▪ All questions to be gathered and put on their agenda ▪ Phyllis to provide more information at next meeting 	
2.4	Draft National Seclusion Policy	<ul style="list-style-type: none"> ▪ This policy came out via Nic Magrath who is the Midland rep on Nga Hau E Wha ▪ This project was undertaken at the request of national CD and Managers forum that meets quarterly in Wellington to undertake a national project pertaining to reducing seclusion and restraint in DHB inpatient units. Ko Awatea from Counties Manukau are contracted to undertake this work and draft report is tabled in agenda with response from the National Directors of Mental Health Nursing ▪ Te Pou 1:1 support for inpatient units – 6 core strategies are working well ▪ All agreed the letter summed it up well, significant implications and lacking Māori input. Only one reference to Māori, page which is on age18 Kaumatua KPI ▪ Background is lacking as to why this project was undertaken, this is supported by Lynne Lane (HDC) and MoH funding project 	<ul style="list-style-type: none"> ▪ 	
2.5	A Guide for Families & Whānau and Oranga Ngakau Consultation	<p>Oranga Ngakau & Guide to Family Whānau</p> <ul style="list-style-type: none"> ▪ Mental Health Commission sent these documents out last week with the closing date 13 May. A request for an extension was granted for an additional week so we are able to feedback to reports 	<ul style="list-style-type: none"> ▪ 	

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		<ul style="list-style-type: none"> ▪ These documents were rewritten to bring it to current state, they are seeking feedback via their template ▪ No Māori or pasifka included in document ▪ No clear direction for Māori, needs to be responsive to Māori ▪ Whānau to access services in clinical or non-clinical environment ▪ Feedback that has been included needs to be sent out for consultation again ▪ Please refer to embedded documents for feedback <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  Oranga_Ngakau_Fee dback.pdf </div> <div style="text-align: center;">  A_Guide_for_Family_ Whanau__Friends_Fe </div> </div>		
2.6	Standing Items	<p>Decision Support Update</p> <ul style="list-style-type: none"> ▪ Job description reviewed. The roles has been moved from PRIMHD to more of a Decision Support role with PRIMHD being an objective ▪ NGO to be more self-sufficient to accessing modules ▪ Recruited, interviewed and appointed Ashley Bajaj who starts on the 05 June ▪ From the 1 July HISO's codes come into effect, workshops will be held in each of the DHB areas. Rather than individual training look at group training ▪ Connie Hui sat on the interview panel as PMgrs and Māori rep <p>Workforce Lead Update</p> <ul style="list-style-type: none"> ▪ 2 DHB completed Waikato and Tairāwhiti ▪ Extended closing date to 16 May (changes and delays have occurred so have been moved out till end of May) ▪ NGO – preparing audit, busy, people moved on or no longer providing MH&A services any longer. Section B – teams: hungup on head counts, do it as you see your teams and organisations and Te Pou need to get up to speed and ask the question to clarify ▪ Information is in DHBs from NGOs, mixed korero around that, that NGO's want to include their own information rather than DHBs include this on their behalf – this is Phase 1 and then Phase 2 census (needs to Survey Monkey) ▪ Simultaneous survey's going out at the same time which is overwhelming ▪ NGO how to access better, electronic copies alongside hardcopy ▪ Firewalls in DHB's have slowed down the process – for survey's due to security measures within DHBs <p>Supervision Scholarship</p> <ul style="list-style-type: none"> ▪ 13 scholarships were offered in 2013 therefore 10 scholarships were offered for 2014 	<ul style="list-style-type: none"> ▪ 	

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		<ul style="list-style-type: none"> ▪ Evaluations from last year's attendees reaffirmed this workshop was positive and highly recommended <p>Perinatal Phase 2</p> <ul style="list-style-type: none"> ▪ Roz Sorensen project coordinator ▪ Workshops were held in each of the 5 DHB area for Phase 1 which were successful ▪ Led to map of medicine (clinical pathways to primary care) perinatal and maternal into paediatric pathways ▪ For Phase 2 our focus will be on the give areas: <ol style="list-style-type: none"> 1. Circle of security – for specialist clinical services (4 day workshop) 2. Attachment Disorder – Denise Guy (3 day workshop) 3. Partnership with Central – E Learning tool for non-regulated workforce 4. Establish clinical network 5. Regional workshops with VIP workers – intervention and prevention ▪ The workshops will be rolling out in the 14/15 year 		
2.7	National Strategy Updates	<p>Waka Hourua Māori & Pasifika Suicide Prevention and Whānau Ora Mental Health & Addictions Workforce Framework</p> <ul style="list-style-type: none"> ▪ Please refer to embedded presentation and notes <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  TRM Midland Māori Leadership.pdf </div> <div style="text-align: center;">  Waka Hourua.pdf </div> <div style="text-align: center;">  Whanau Ora.pdf </div> </div> <p>Supporting Māori Seclusion Reduction; Restraint Guidelines</p> <ul style="list-style-type: none"> ▪ Please refer to embedded presentation <div style="text-align: center;">  TRM Supporting Maori Seclusion Redu </div>	<ul style="list-style-type: none"> ▪ Invite Tio to present at the Midland Clinical Inpatient Care network and clinical governance network meetings 	Eseta
2.8	Trauma Informed Care Proposals	<ul style="list-style-type: none"> ▪ As per Midland Clinical Governance – two proposals were sourced for Trauma Informed Care workshop ie. Anna Elder and Leonie Pihama ▪ MRCGN and PMgrs choose Anna Elder workshops as this has a clinical flavour and costs less than that of Leonie's <p>Anna Elder Workshops</p> <ul style="list-style-type: none"> ▪ Will roll out in June / July across the region – flyers are already out <p>Dr Leonie Pihema (Discussion)</p> <ul style="list-style-type: none"> ▪ Far outweighs Anna Elders in terms of working with Māori 		

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		<ul style="list-style-type: none"> ▪ Higher rates for Māori – would think that this would be a priority ▪ We have other ways of dealing with trauma in comparison to clinical approach, eg tuakana and teina ▪ Clinicians would find Pihama’s workshop challenging ▪ Disappointing that no input undertaken with other regional networks prior to the flyers being circulated ▪ In the sector there is confusion about what is trauma informed care ▪ How would Leonie’s impact on seclusion? Trauma and informed care picked up in seclusion ▪ It would have relevance and is worth doing however the commitment of time and homework is pivotal ▪ Tairāwhiti are keen for this workshop to be rolled out in their area <p>Where to from here?</p> <ul style="list-style-type: none"> ▪ We should be leading Māori led initiatives rather than clinical – Māori have been fighting for this for many years ▪ After the evaluations will review and look at Leonie Pihema ▪ Relevance to Māori in the evaluation to provide recommendations for future rollouts for Pihema ▪ Māori leadership group support the workshop to be rolled out by Leonie Pihama in 2015 	<ul style="list-style-type: none"> ▪ Source funding from GMs Māori and PMgrs 	
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 2.15pm ▪ Tio closed with karakia 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 13 August 2014, Best Western Braeside, Rotorua 	Please confirm attendance for catering purposes	