

**9.30am, 13 August 2014, Best Western Braeside, Rotorua**

**Present:** Ashley Bajaj, Eseta Nonu-Reid, Nathalie Esaiah-Tiatia (HealthShare), Hine Moeke Murray (Tairāwhiti), Maureec Ngawaka-Nathan (Waikato), Connie Hui, Patricia Bennett, Pania Hetet (BOP), Phyllis Tangitu (Lakes), Marita Ranclaud (Lakes), Shona Tahau (Minute Taker)

**Apologies:** Akatu Marsters, Kahu McClintock, Tio Sewell (Te Rau Matatini), Kume Leilua (Taranaki), Uncle Arama, Eru George, Donna Blair, Hinemoerangi Ngatai-Tangirua.

No.	Topic	Discussion Points	Planned Action	By
1.0	<b>Whakatau / Welcome</b>	<ul style="list-style-type: none"> <li>Hine welcomed everyone to the meeting and opened with karakia</li> <li>Introductions by all</li> </ul>		
1.1	<b>Approval of Minutes</b>	<ul style="list-style-type: none"> <li>Minutes moved by M Ranclaud and accepted E Nonu-Reid as true and correct</li> </ul>		
1.2	<b>Matters Arising</b>	<p><b>Letter of Thanks</b></p> <ul style="list-style-type: none"> <li>Whaea Kume's role has been disestablished at Tui Ora due to restructuring (both kuia and kaumatua gone). A letter of thanks via Hinemoerangi to be sent to Kume on behalf of the group.</li> </ul> <p><b>Hua Oranga</b></p> <ul style="list-style-type: none"> <li>GMs Māori have agreed that two providers per DHB will be involved in the He Ritenga audit this year with the focus on PHOs</li> <li>Support the pilot for Hua Oranga however tool to be validated and published prior to roll out in the Midland region – for a tool to be recognised by non-Māori this needs to be discussed (agenda item for later in meeting)</li> <li>Looking to source funds from DHBs – Hinemoa Elder and Kahu McClintock are seeking further information and will provide a proposal</li> </ul> <p><b>Whanau Competencies</b></p> <ul style="list-style-type: none"> <li>This has been put on hold till 15/16 years – PMgrs are currently working on the clause</li> <li>What do we do with Māori competencies? Agreement the competencies developed by Tairāwhiti and Taranaki be validated as appropriate for the rest of the region. Need to have further discussions around what is already</li> </ul>	<ul style="list-style-type: none"> <li>Organise visits to other DHB areas</li> <li>Connie &amp; Eseta to</li> </ul>	Eseta Connie /

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		<ul style="list-style-type: none"> <li>▪ Further discussion to be had at our next meet to look at where we are up to and how this is going to be implemented</li> <li>▪ Phyllis will organise Lakes area – it was suggested that Eseta contact Janet to see if she is able to get on the agenda for Waikato MAG</li> </ul> <p><b>Rising to the Challenge National Steering Group Update</b></p> <ul style="list-style-type: none"> <li>▪ It was suggested that a newsletter or condensed report would be helpful to be keep up to date. A report has come out however a possibly not to everyone</li> <li>▪ It was felt that there is a bit of disconnection with what is happening in each group. It was pointed out that Rising to the Challenge was a Ministry appointed group</li> </ul> <p><b>Mental Health Act</b></p> <ul style="list-style-type: none"> <li>▪ A discussion was had around Section 29 and 30 with the highest numbers being Māori – need to know why</li> <li>▪ Phyllis acknowledged Eseta and the team for the information that is provided keeping the sector informed</li> </ul>	<ul style="list-style-type: none"> <li>▪ liaise</li> <li>▪ Agenda item for next meeting</li> <li>▪ Eseta to speak to Waikato MAG</li>   <li>▪ Phyllis will send out information to Eseta to keep group up to date.</li> </ul>	<p>Eseta</p> <p>Eseta</p> <p>Phyllis</p>
2.0	<b>AGENDA ITEMS</b>			
2.1	<b>Midland MH&amp;A Clinical Workstation Project</b>	<p><b>Project Overview</b></p> <ul style="list-style-type: none"> <li>▪ The clinical workstations will be implemented into the 21 DHBs nationally in due time</li> <li>▪ Orion or Concerto are one in the same and include cardiac, outpatient, pharmacy, surgical, medical and Mental Health which is the only area that needs to be built into the suite – bulk of the funding went towards this product</li> <li>▪ Midland are looking at the West Coasts model as the preferred option however for Waikato this is not adequate enough for them</li> <li>▪ The first roll out in Midland will occur in the Waikato area. Waikato’s database needed replacement, so it has been changed to help client flow, therefore the roll out has been deferred</li> <li>▪ This has been presented to clinical governance and will be shared across the region. Clinicians and consumers are fully involved and the focus will be for the product to come from clinicians and clients not through an IT stance</li> <li>▪ Sue Brown from West Coast DHB will give a presentation on the 21<sup>st</sup></li> </ul>		

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		<p>of August along with a 2 hour training session with clinicians. Steering group meeting on the 26 August</p> <ul style="list-style-type: none"> <li>▪ Orion/Concerto will go live in Lakes in March 2015</li> <li>▪ Māori input is needed – should this input go to the steering group or this group? Marita to attend the workshop on the 21<sup>st</sup> August</li> <li>▪ Everyone agreed that we should take what West Coast has done, run with it and then make necessary changes later</li> <li>▪ Quarterly updates provided to this forum was accepted unless key decisions need Māori input</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eseta to send out invite to Marita</li> <li>▪ Provide an update at the next meeting</li> </ul>	<p>Eseta</p> <p>Eseta</p>
2.2	<p><b>Māori MH&amp;A Leadership Summit Evaluation</b></p>	<p><b>Keynote Speakers feedback</b></p> <ul style="list-style-type: none"> <li>▪ General feedback was very good</li> <li>▪ Need more summits and looking at different venues</li> <li>▪ Eseta and Phyllis acknowledged for their MC skills</li> </ul> <p><b>Summit in Eastern Bay of Plenty</b></p> <ul style="list-style-type: none"> <li>▪ Patricia Bennett organising a mini summit on the 07 October at Mataatua Marae, in Whakatane</li> <li>▪ The summit sounds like it be bring great healing to all</li> </ul>	<ul style="list-style-type: none"> <li>▪ Patricia to forward info to Eseta to circulate to the group</li> </ul>	<p>Patricia / Eseta</p>
2.3	<p><b>Trauma Informed Care Evaluations</b></p>	<p><b>Common Themes</b></p> <ul style="list-style-type: none"> <li>▪ Some felt that the Brain Workshop by Anna Elders was too long; there was no time for discussion at the end. Would maybe help to be longer.</li> <li>▪ It was thought that the presenter was culturally incompetent, but the clinical component was fine. Some were offended culturally</li> <li>▪ A local element was needed instead of things that didn't apply locally. What was asked for wasn't delivered – no history coming to a high Māori population</li> <li>▪ Some discussion about Sonja's workshop with intergenerational events had learned behaviour coming to the fore, with practical solutions. Good to have someone that straddles Māori and non-Māori.</li> <li>▪ Did feedback need to go back to Anna Elders? The original intent was to have "What is Trauma Informed Care" – we were given a western wider view. This workshop was the starting point. Systemic change was needed.</li> <li>▪ How do we readdress the shortfall? There needed to be a community setting that covers culture. It was mentioned that Sonja McFarlane</li> </ul>		

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		<p>and Leonie Pihama’s workshops were more culturally aligned to what was needed, but where was the funding going to come from?</p> <ul style="list-style-type: none"> <li>▪ It was agreed that the Brain Workshop presentation didn’t move people enough to go back and change anything. Do we need something else to balance?</li> </ul> <p><b>Next Steps Discussion</b></p> <ul style="list-style-type: none"> <li>▪ To look at the following options:               <ol style="list-style-type: none"> <li>1. Te Pou has Eduardo – maybe use him?</li> <li>2. Re-approach Leonie Pihama</li> <li>3. Talk to Sonja MacFarlane</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Eseta to look at all three approaches and provide feedback to group</li> </ul>	
2.4	<b>Hua Oranga</b>	<ul style="list-style-type: none"> <li>▪ This tool needs to be validated before we can look at moving with it</li> <li>▪ The tool is with the Justice Department</li> <li>▪ Discussions have occurred with Te Kani Kingi, Mason Durie and Phyllis who are happy with tool and to provide support</li> <li>▪ Costing for a project proposal is being worked through by Hinemoa Elders and Paula – this will include one to two DHB site comparing the tool and assessing then get sample numbers and do a comparative analysis with a 6-12 month timeframe.</li> <li>▪ Previously six providers piloted and trialled, but no one is doing it at present. There are lots of glitches. Waitemata is the only DHB who has implemented Hua Oranga</li> <li>▪ Need to work, train and assist with implementation for those providers who want to use this tool</li> <li>▪ DHBs need to come on board for funding. Phyllis believes it is valuable and perhaps a sound, robust proposal could get more funding</li> <li>▪ Hua Oranga was funded by the Health Research Council and is an unlicensed tool. There are older versions in the sector however this newer version works smarter – it was suggested that the region should licence the tool to generate some revenue</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide update to group as things progress</li> <li>▪ Distribute the latest research re Hua Oranga</li> <li>▪ Distribute the Te Awa tool used by Waikato</li> </ul>	<p>Phyllis</p> <p>Eseta</p> <p>Maureec</p>
2.5	<b>Midland MH&amp;A Workplan Objectives</b>	<p><b>Are there specific Consumer objectives that THoNPH want to prioritise this year?</b></p> <p><b>Section G1 – Governance</b></p> <ul style="list-style-type: none"> <li>▪ Added Seclusion and Restraint rates – requested quarterly reports so analysis can be conducted</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	

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		<ul style="list-style-type: none"> <li>▪ KPIs for Māori – this will be collated and added to the quarterly reports</li> </ul> <p><b>Section Q2 – High &amp; Complex Needs</b></p> <ul style="list-style-type: none"> <li>▪ There are a couple of areas that impact Māori, it was emphasised that ethnicity be captured</li> <li>▪ Face to face workshops will be held in DHBs facilitated by Eseta and David Chaplow\</li> </ul> <p><b>Section S1 – Youth Forensics Implementation</b></p> <ul style="list-style-type: none"> <li>▪ Māori access rates and length of stay – reports will be generated by Ashley</li> </ul> <p><b>Section S2 - Perinatal</b></p> <ul style="list-style-type: none"> <li>▪ The setup is starting to begin locally and regionally</li> <li>▪ Māori access rates and length of stay – reports will be generated by Ashley</li> </ul> <p><b>Section E2 – MH&amp;A Strategic Development</b></p> <ul style="list-style-type: none"> <li>▪ Addiction Summit to be held in 2015</li> <li>▪ Objective – to clearly identify Māori workforce</li> <li>▪ Need to have highly skilled addiction workforce</li> <li>▪ Two schools provided up to level 6 qualification with a level 7 expectation – this will support issues of having qualified workforce</li> <li>▪ Clauses are consistent but policing within DHB can be different. Discussion re Level 6/7 funding as a clinician/non-clinician.</li> <li>▪ All happy that Māori are well represented – all endorsed this going forward</li> </ul>		
2.6	<b>Standing Items</b>	<p><b>Midland Projects</b></p> <p><b>MH&amp;A Strategic Plan Re-Write</b></p> <ul style="list-style-type: none"> <li>▪ Roz Sorensen has been commissioned to re-write the Midland strat plan</li> </ul> <p><b>Peri-natal Infant One Off Funding</b></p> <ul style="list-style-type: none"> <li>▪ Denise Guy has been funded to provide workshops around Attachment and Positive Parenting. The first 2 days are open to all, it is important to get adult services clinicians to attend. Third day will focus on our services</li> <li>▪ More funding has been allocated for joint workshop for Regional and Family Violence. Partnership for e-learning tool for Central for Māori Mothers and babies. Licence with Midland so able to charge.</li> </ul> <p><b>Supra-regional Eating Disorders Project</b></p>	<ul style="list-style-type: none"> <li>▪</li> </ul>	

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		<ul style="list-style-type: none"> <li>▪ Has not worked well because of locality and distance</li> <li>▪ Midland and Northern working jointly to look at an improved model of care</li> </ul> <p><b>Midland Workforce Planning Lead</b> <b>More Than Numbers Stocktake</b></p> <ul style="list-style-type: none"> <li>▪ Te Pou still pulling together NGO stocktake. Reports will go to forums – all happy.</li> <li>▪ Stocktake Reports include a heading “Iwi Māori” – WFPL advised this was questioned at recent WFPL Workshop as we are not counting Iwi, felt not appropriate, but advised Te Pou’s cultural advisor approved the use of “Iwi Maori”. Requested to go back and ask, working to have it changed.</li> </ul> <p><b>Midland Decision Support</b> <b>Midland HISO Workshops</b></p> <ul style="list-style-type: none"> <li>▪ A total of 12 workshops have been held in the region</li> <li>▪ Have had some issues with mapping codes, these are being rectified</li> <li>▪ PRIMHD reports have gone out</li> </ul>		
2.7	<b>Membership of THoNPH</b>	<p><b>Review EOI template</b></p> <ul style="list-style-type: none"> <li>▪ All happy with the EOI template</li> <li>▪ All members to get on board to support getting the EOI out and encourage people to submit for membership</li> <li>▪ Invite an independent or external moderator to ensure transparency is good</li> </ul>	<ul style="list-style-type: none"> <li>▪ Circulate EOI to the sector</li> </ul>	Eseta / Members
2.8	<b>Youth AOD Strategy</b>	<ul style="list-style-type: none"> <li>▪ Mental health has to come up with a strategy to go to cabinet for approval. This is brought on because of the high number of Māori Youth in the court system therefore a strong Māori component is needed</li> <li>▪ Unsure where funding will come from for this however there is funding for Youth Forensics but not sure if its for AOD</li> <li>▪ On page two under “more integration/collaboration” – One Stop Shop funding in line with that. It was mentioned that Social Sector trials are occurring in Kawerau and Whakatane with \$63,000 for each area funding has been provided. DHB includes these groups.</li> <li>▪ Child health across the board also needed to be looked at. Stocktake being undertaken in BOP</li> <li>▪ Definitions and Recommendations Framework – we have Donna who</li> </ul>		

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		<p>sits on this group. TUMT are being examined</p> <ul style="list-style-type: none"> <li>▪ There is a disconnection 18-24 year olds – no continuity</li> <li>▪ Available on Waikato’s website.</li> </ul> <p><b>Areas to be referenced</b></p> <ul style="list-style-type: none"> <li>▪ Youth AOD Exemplar to be referenced</li> <li>▪ Eugene in Waikato to be referenced with this strategy</li> </ul> <p><b>AOD Consult</b></p> <ul style="list-style-type: none"> <li>▪ This will be out next week. <ul style="list-style-type: none"> <li>▪ Kate for BOP – Connie will send to Eseta</li> <li>▪ Murray - Lakes</li> <li>▪ Jenny – Tairāwhiti</li> </ul> </li> <li>▪ Discussion took place about Addiction/Social Detox. There is only adult detox available, nothing for youth</li> <li>▪ Can identify in document there is a gap for community detox</li> <li>▪ Respite and post AOD needed for youth</li> <li>▪ Need for flexibility between DHBs – Regional or Out of Area reciprocal arrangements at low cost need to be there to provide the best service</li> <li>▪ Needs to be raised with CEOs</li> <li>▪ Flexibility needed, all need to be on the same page as a region</li> </ul>		
3.0	<b>Meeting Concluded</b>	<ul style="list-style-type: none"> <li>▪ 1.30pm</li> <li>▪ Hine closed with karakia</li> </ul>	<p><b>Please confirm attendance for catering and accommodation purposes.</b></p>	
3.1	<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>▪ 12 November 2014, Best Western Braeside, Rotorua</li> </ul>		