Minutes of Midland Region Meeting – Te Huinga O Nga Pou Hauora

9.30am, 13 May 2015, Best Western Braeside, Rotorua

Present: Nathalie Esaiah-Tiatia, Maria Baker, Marita Ranclaud, Maureec Ngawaka-Nathan, Tuta Nihoniho-Haereroa (Beau), Hori Kingi, Tau Moeke, Lybian Moeke, Pania Hetet, Phyllis Tangitu, Connie Hui, Hine Moeke-Murray, Eseta Nonu-Reid,

No Response: Patricia Bennett

No.	Topic	Discussion Points	Planned Action	By
1.0	**Whakatau / Welcome**	▪ Beau and Hori Kingi		
1.1	**Approval of Minutes**	▪ No previous Minutes – see Te Rau Matatini Feedback		
1.2	**Matters Arising**	▪ No Matters Arising		
2.0	**AGENDA ITEMS**			
2.1	**On Track & Workforce Stocktake**	▪ Please refer to embedded presentation and discussion notes On Track Presentation.pdf Off Track - Feedback.pdf **Actions:** ▪ Set up a timeframe and bring it back to this group ▪ Things take time, so the meeting at the end of the year, use all feedback and organise a Regional Hui to show all collective work. Do something with these presentations. ▪	▪ If anybody wants further discussions, contact Phillipa	Emma & Phillipa
2.2	**Te Rau Matatini Consultation Presentation**	▪ Please refer to attached presentation Midlands Te Rau Matatini Report Final **Presentation Notes:** ▪ Consultation was held in seven locations across the country with 200 people in attendance of those 95% Māori		Maria Baker

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		▪ Priority to recheck the intel was correct – some surprises but most feedback was what is expected ▪ Want to identify the future vision for the next 10 years and the challenges of the workforce, what the promises are and success stories ▪ The biggest hui was held in the Midland region, the team was acknowledged for making the event happen ▪ A report was developed following the workshop and was distributed to the regional team – the vision is for Midland continuing to pursue, Māori to be self managing, own workforce are resilient, hooked up with qualifications driving to level 7 – this can be tricky for those working full time, need to encourage young people to work in mental health ▪ Māori to be validated in any work space / appropriately respected ▪ Workforce is quite young; more room for capability building; numbers are growing. Need to work on growing own strategy (Taranaki, Taupo); bringing more Māori into mental health sector. Taranaki struggling to recruit their own. ▪ Calling out for Wananga, Māori led/ driven Kaupapa – Māori has trouble having the time, no ability to talk/share/ strategise to make connections ▪ Want to have more Māori models of practice, work in a way with your people that you know works (therapeutically) ▪ Building and advancing korero taking place at home – look at creating your own model. Māori wish to utilise the things they hold dear. Try it in own local, instead of being told to do it. ▪ Midland has the power of numbers and leaders. Need to say if this is the way we want it - this is what we are going to do ▪ Gisborne and Taranaki clear around service development; challenges resourcing ▪ Challenge in compulsion, mental health act – how do we create solutions and strengthen what we are doing in workforce? ▪ Whole idea is to reconnect and encourage them to see what more they can do ▪ No actual facility to have conversation/Māori practice into therapeutic use ▪ Huge transformation of non-Māori of Physiatrist from South Island – need non-Māori allies who understand what they are doing ▪ Facilitated the Māori student nursing recently, there is a hunger amongst us to want to do the Māori models of practice/deepen knowledge to what we are doing with whānau – a lot of work to do and can't do it alone ▪ With the drive and value for money, a lot of gaps – need to sacrifice one for the other. The challenge is how we go forward, locally and regionally. We need to be firm in getting support		Phyllis & Maria

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		▪ How can use Te Rau Matatini effectively? They are responsible for writing up Māori Workforce plan, support and establish a hui ▪ There is value in relationships which need to be demonstrated and how these are used. Being whānau centred has saved dollars, look in your communities and show how you can restrict this to continuing saving dollars ▪ It was suggested we look at a Regional Whānau Ora strategy		
2.3	**DHB Consumer Participation Guide**	▪ Deadline to provide feedback is the 15 May, there is no flexibility to push the date out ▪ Important we collate feedback from a Māori perspective ▪ NZ is leading the way re consumer movements, but continually use research from the USA.. How does this fit in to the Māori view? It doesn't. ▪ Family and Whānau – mean different things ▪ Health quality safety commission website – video resources are richer than document we have here ▪ Whakatane have trouble accessing patients, and following up when they have gone home; restricted access to them ▪ Work with whānau; not in a linear way ▪ Page 22 doesn't map out strongly enough the amount of support you need, nothing about access to supervision, additional training etc ▪ Environmental engagement – do we do that well?	▪ Draft up a document and circulate to group	Eseta
2.4	**Midland Amended Vision**	▪ Need to ask ourselves – Is this our vision, what is going to drive us, is this what we are fighting for and is this something we can attach ourselves to and be proud of ▪ Improving mental health with integrated and supportive systems ▪ Heart of our service is family and whānau – need to be more supportive ▪ Do the words "systems and integrated" work, they seem like pakeha words. Integration reflects fragmented. "Seamless & Excelling" is a better reflection ▪ The picture within the heart does not show a regional whānau and needs to be changed – it was agreed that more whānau needs to be added ▪ It was suggested a tree (Pahara keke e tipu e rea) coming into the heart shape (kokari) with whānau in the whenua and e tipu e rea at the bottom – ***all agreed***	▪ Look at redesign of vision	Eseta & Aka
2.5	**Midland Regional Network Team Network**	**Workforce Planning Lead** 3rd Quarter Report ▪ Workshops around team leaders and managers combined ▪ Infant & Perinatal Mental Health workshop two and three being held across the region		

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		▪ Advocating for district approach for district planning (bringing these people to the table at the very beginning) ▪ CEP workshops – systems missing, what is happening, why is there gaps? Should be screening and asking the question, having a conversation then having a referral. ▪ Having teleconference with national workforce centres – so everyone knows what they are doing **Decision Support** <u>Compulsory Treatment Order Reports</u> ▪ Break down the number of Māori sitting on sections by DHB ▪ From now on can report quarterly; gives a good look at what is driving this, for example: are their practice changes we can put in place? ▪ Suggested looking at breakdown of beds ▪ Questions that have come about recently and suggested that we look at a random selection of whānau and see wat's going on with them: o Are the best treatment options being offered at the right times? o When are they being scheduled? ▪ A lot of this is up to the level of distress the clinicians are under. Own level of distress; how to we manage it; seems like a taboo area ▪ Different clinicians work better or worse than others in regard to seclusion – Maria has created a draft grid and will forward to Eseta ▪ Acute care – what needs to happen, whatever is decided needs to be sooner rather than later? Look at a different way of approach and or different treatment ▪ In the BOP there are five times more Maori secluded in comparison to non Maori ▪ Should we be having open unlocked units or small contained spaces? In USA medicated stays only, need an acute unit ▪ Need standardised understanding of supporting nearest health organisations ▪ Need to be brave and have these discussions – this will be taken to Clinical Governance with feedback being circulated to this group **Regional Director** <u>Clinical Workstation project</u> ▪ Trying to get the five DHB's on one electronic system ▪ Five DHB recognise the need for cultural input at the beginning <u>MR Strategic Reference Guide project</u> ▪ Moved from strategic plan to a reference plan. In its final draft, will go to	▪ Forward Eseta draft grid ▪ To provide feedback to this group	Maria Eseta

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		clinical government before it comes here <u>Infant Perinatal project</u> ▪ Workshops two and three rolling out. Hope to hear good feedback from those. <u>MH&A 3rd Quarter Report</u> ▪ Being submitted to Ministry of Health with a green light		
2.6	**Wrap Up Meeting**	▪ Did everyone get Abstracts in for Healing the Spirit? ▪ The November meetings have been moved to allow Midland to attend Healing our Spirits		
3.0	**Meeting Concluded**	▪ **2.40pm**		
3.1	**Next Meeting**	▪ **12 August 2015, Best Western Braeside, Barnard Road, Rotorua**	**Confirm attendance for travel and catering purposes**	