

Present: Ashley Bajaj, Eseta Nonu-Reid, Donna Blair, Hine Moeke-Murray, Phyllis Tangitu, Pania Hetet, Terry Huriwai, Libby Moeke, Tau Moeke, Stacey Porter
Apologies: Nathalie Esaiah-Tiatia, Kiri Peita, Hera Matangi, Maureec Ngawaka-Nathan

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Meeting commenced 9.42am and opened with karakia by T Moeke 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> Previous minutes were accepted as true and correct – moved by D Blair and seconded by T Moeke 		
1.2	Matters Arising	<p>2.4 Cultural Assessment for CWS</p> <ul style="list-style-type: none"> What are the next steps? The cultural assessment form is supplementary to the general comprehensive assessment i.e. The general assessment identifies cultural support is required then moves to the detailed assessment developed by this group Driving integrated circle of Care will require input from multiple people as one person will not be able to complete the assessment – each rohe have different kaupapa, 	<ul style="list-style-type: none"> Advise Phyllis when revised cultural assessment tool is completed – circulate to group Phyllis can then liaise with David Ireland 	Akatu Phyllis
2.0	AGENDA ITEMS			
2.1	Qlikview Quarterly Reports Update	<ul style="list-style-type: none"> Quarterly reports sent to MoH <p>Wait times</p> <ul style="list-style-type: none"> New clients - overall Midland targets short by 1% There are issues regarding correct coding and defined DNA policy– there are concerns over quality of data – training required for front line staff inputting data Review of various DHBs and comparison of figures for Māori compared to total – transiency is an issue for DNAs Request that all providers receive their report – currently only provided for Alcohol & Drug <p>CTO</p> <ul style="list-style-type: none"> Overall Māori are 3 times higher than non-Māori under Section 29 <p>Seclusion</p> <ul style="list-style-type: none"> Ministry is aiming for zero seclusions 	<ul style="list-style-type: none"> Speak to Portfolio Managers about providing reports to all organisations – not just Drug & Alcohol Provide clarification on definition of Seclusion for reporting 	Ashley Ashley

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		<ul style="list-style-type: none"> ▪ Questions around interpretation of Seclusion – There is a national definition, but is this being followed? ▪ Data is used to get conversation started at Clinical Governance level ▪ Forensics seclusion is lower than Inpatient seclusion 		
2.2	Clinical Workstation Update	<ul style="list-style-type: none"> ▪ Southern region has decided to go their own way therefore Midland are looking at going out to tender which will be competition for Orion ▪ Current systems do not provide the solution required ▪ Scoping expected to complete by Jan 2017 ▪ Important to have a solution which captures Client Pathway ▪ 3 years expected before full implementation ▪ One solution for DHBs & NGOs ▪ Champions Groups – wide representation in place ▪ Compatibility with other systems and information sharing? ▪ Should interface with multiple IT platforms via Porting ▪ Access by other agencies e.g. Police – MoU on information sharing 		
2.3	Sustainability for Māori Service Providers	<ul style="list-style-type: none"> ▪ Trend for Māori providers to go to the wall and be replaced by National Organisations ▪ Mainstream workforce being trained in Māori focused solutions – need to step up and be competitive ▪ Need to nurture and build sustainable Maori providers in MH space ▪ DHB need to connect back to Iwi – ensure the Māori voice is heard when making decisions regarding services ▪ The Māori perspective needs to be considered at high levels of organisation, not just employing Māori frontline staff ▪ This group needs to give direction on how the Māori perspective is recognised ▪ Solution may be to move from smaller organisations to larger and improve quality of delivery to communities ▪ Funding is evidence based on results – How to build body of evidence that Tikanga Māori is effective? ▪ Key could be Iwi using their own wealth to support and deliver programmes to their own people ▪ How to evaluate the protective benefit – sustainability could be looking at alternative means of funding Māori Service Delivery. ▪ Added responsibility on Iwi Boards to ensure Maori health is a priority 	<ul style="list-style-type: none"> ▪ Paper for Clinical Governance 	Eseta & Phyllis
2.4	Māori CTO – Section 29 Dawson interview	<ul style="list-style-type: none"> ▪ 3x More Māori use service than non-Māori ▪ Discussion of Mental Health Act Bill of Rights Act ▪ Higher staff ratios prevent seclusion 	<ul style="list-style-type: none"> ▪ Have CTO as standing item on Agenda after Ashley's reports 	Eseta

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		<ul style="list-style-type: none"> ▪ Understand Māori data – What questions should be asked? ▪ CTO – all about medication and medical approach ▪ Education regarding changes - what influence can we have? ▪ Click here for John Dawson interview 		
2.5	Werry Centre Update	<ul style="list-style-type: none"> ▪ National research – building evidence ▪ Māori Accreditation Programme – making the process more acceptable to Māori families ▪ Māori national Hui for Incredible Years – disappointing attendance ▪ Stocktake – ICAN coming up – Whānau Ora in particular ▪ Kaupapa Māori – funding – how to work with whānau? ▪ Different models of working – team approach. How workforce can be best utilised. One person can't do everything. Thinking differently about work allocation. Systems not set up for it. ▪ 1st 1000 days – how can we best respond to prevent the need for treatment? ▪ Focus is training as many people as possible – Whānau led. ▪ Looking for Māori presenters for meetings & hui – always short of presenters ▪ Issue – How to report when you are working with Whānau – Individual NHI? 	<ul style="list-style-type: none"> ▪ Will recommend presenters to Stacey 	Donna
2.6	Stakeholder Network Review	<p>What is working well?</p> <ul style="list-style-type: none"> ▪ Very successful environment ▪ Sharing of information ▪ Networking invaluable ▪ Provides a strategic advantage in terms of what is coming up ▪ Feedback to Clinical Governance ▪ This forum has achieved results which wouldn't otherwise have happened. <p>What needs improving?</p> <ul style="list-style-type: none"> ▪ Some areas missing from group – Waikato, Taranaki ▪ Feeding back to make changes happen ▪ Does the likes of Clinical Governance group see the value in comments provided to inform decision-making? <p>Given constraints are there suggestions on how we can improve what we do and how we do it?</p> <ul style="list-style-type: none"> ▪ Need more support from local managers to attend ▪ Need to demonstrate benefit <p>Are face to face meetings beneficial?</p> <ul style="list-style-type: none"> ▪ Yes – clearer understanding 	<ul style="list-style-type: none"> ▪ 	
2.7	Workforce Planning Lead Update	<ul style="list-style-type: none"> ▪ Quarterly report tabled within agenda <p>Midland District Wide Workforce Plan</p> <ul style="list-style-type: none"> ▪ Workshops held across all districts and are completed 		

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		<ul style="list-style-type: none"> ▪ Summary report will go to Clinical Governance and individual report to districts ▪ Only 1 district being creative – many people unable to think outside their own current service. Silo mentality. Driven by funders & Ministry ▪ Poor at green fields thinking ▪ Non-regulated workforce is key ▪ Need to have strategies to deal with aging workforce <p>Other Updates</p> <ul style="list-style-type: none"> ▪ Re-contracting process may impact on Workforce Planning roles for the future ▪ CEP Follow-up workshop will be held in October ▪ Midland SACAT Workshop to be held on 20th September – Managers & Clinical Leaders encouraged to attend ▪ Cutting Edge Workshop held on the 06 September in Rotorua ▪ Therapeutic communities training held in October / November 		
2.8	District Updates	<p>Bay of Plenty (Tuhoe Hauora)</p> <ul style="list-style-type: none"> ▪ New contracts Audit coming up ▪ Staffing recruitment surprisingly easy, people moving from Auckland ▪ All 3 Iwi are now starting to talk about working together ▪ Housing Crisis – big impact on East Coast. New Ministry for Vulnerable Children – Impact? <p>Lakes (TUMT)</p> <ul style="list-style-type: none"> ▪ Unannounced audit – not mindful of Māori protocol ▪ Bonus is recognition that systems are robust and can pass the test. Out of contract for residential service ▪ Both Phyllis and Donna sit on MoH working groups <p>Te Rau Matatini</p> <ul style="list-style-type: none"> ▪ Debate around decriminalisation of Cannabis – will impact downstream ▪ New work happening around Meth treatment <p>Tairāwhiti</p> <ul style="list-style-type: none"> ▪ Creating critical mass – suicide response group- major issue in area ▪ Housing crisis – Making families move to town. Changing ‘feeding the homeless’ to ‘feeding the hungry’ ▪ Issues with well-meaning groups trying to do things they are not expert in ▪ SPOE – Good management is key. Not working. 	<ul style="list-style-type: none"> ▪ Follow up regarding status of contract ▪ Will sent discussion and background documents out. 	<p>Eseta</p> <p>Phyllis & Donna</p>
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 1.55pm 	Please confirm attendance for catering purposes	
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 16 November 2016, Best Western Braeside, Rotorua 		