Minutes of Midland Region Meeting - Te Huinga o Nga Pou Hauora

9.30am, 16 November 2016, Best Western Braeside, Rotorua

Present: Ashley Bajaj (Midlands MH&A), Eseta Monu-Reid (Midlands MH&A), David Ireland (Midlands MH&A), Hine Moeke-Murray (Tairawhiti), Hera Matangi (Taranaki), Phyllis Tangitu (Lakes), Maureec Ngawaka-Nathan (Skype- Waikato), Terry Huriwai (Te Rau Matatini), Libby Moeke (Tairawhiti), Linda McCulloch (Taranaki), Stacey Porter (Werry Centre), Dillon Te Kani (Bay of Plenty), Ngarepo Eparama (Rotorua)

Apologies: **Nathalie Esaiah-Tiatia (Midland MH&A), Donna Blair (Lakes), Tau Moeke (Tairawhiti)**

No.	Topic	Discussion Points	Planned Action	By
1.0	**Whakatau / Welcome**	▪ Meeting commenced at 9:39am ▪ Opening karakia by T Huriwai ▪ Introductions by all		
1.1	**Approval of Minutes**	▪ Previous minutes accepted as true and correct, moved by H Moeke-Murray – all approved		
2.0	**AGENDA ITEMS**			
2.1	**Coroners Provisional Suicide Report**	**Lakes Suicide Prevention** ▪ Youth hubs, magazine with preventative campaigns ▪ One stop shops, trained over 2000 people to provide services, focus on secondary services to provide referrals onward **Waikato Suicide Prevention** ▪ Claire is the suicide prevention, postvention coordinator with the focus more on postvention ▪ Interested in what lifeline is doing with prevention ▪ Pulling together our own community strategies, reframe suicide prevention specialist mind frame in the community, recognize challenging conversation to be had from our community members, engage in discussions in communities **Bay of Plenty Suicide Prevention** ▪ Struggle to fill suicide prevention coordinator role **Taranaki Suicide Prevention** ▪ Hired a prevention suicide coordinator ▪ DHB part of the suicide community forum and involved in prevention actions **Tairawhiti Suicide Prevention**	▪ Reports to send out, youth, conference	Phyllis

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		▪ Team to evaluate, 4th highest, dropped from 1st, evaluation rolled out over the next six months, focused on rural men in particular ▪ Organized response, champions developed, community support ▪ Rise in methamphetamine induced psychosis not being addressed numbers might not have changed yet, main focus on postvention, referring to the right provider with the necessary tools for prevention **Discussion Notes** ▪ Suicide rates are getting higher, especially with Māori men and getting higher in Māori women, numbers still not out after 2013, reasonable development over the last 15 years, suicide strategies, report due out early 2017 ▪ Youth numbers have gone up, services are not working for them, need to engage at a school level to youth, plans have not included youth, promotions have to be about families supporting each other ▪ Most effort has been put into postvention across the regions, more work needs to put into prevention ▪ Media communications, getting through online, social media ▪ Launched suicide prevention strategies at churches, specifically pacific churches ▪ Young youth workers to have conversation and relate with youths ▪ Education preventative measures should be put in place in schools, grown-ups prevent talks in schools and information being presented to the youth ▪ Choosing to ignore or not picking up on at risk youths in schools, affecting youths to 10 years of age ▪ Level of analysis, what's going on in the world comparative to the statistics and reports ▪ Scholarships and research grants for suicide prevention, sending champions out to talk with communities, ends January 2017 with evaluation report to come out deciding what funding they will keep receiving ▪ Lifeline approach to prevention, workshops train to have conversation when a person is under stress or distress rather than wait till after attempt, take the taboo off asking the questions, responsibility to provide providers to remind them to refer on to services with the right skills and training ▪ Training provider of choice throughout Midland, gets rid of confusion of too many training providers – coordinated approach ▪ What difference does the Midland group make, sectioning our culture, expectations of family, understands culture value, cultures, language better ways to address and indigenisation of space		
2.2	**Cultural**	▪ Tetra model discussion, change of words	▪ Make alterations to the	Hine

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	Assessment	▪ Clinician understanding difference between Cultural and Māori definitions in assessments ▪ Māori is a different assessment to itself not a part of Cultural ▪ Intergrading other cultures into separate sections in assessments ▪ Please refer to embedded assessment form  NGA KORERO TAPU.pdf	Lakes form and send to Eseta	
2.3	**Discussion Seeking Feedback**	▪ A suicide prevention matrix to be done by workforce ▪ Funding for the Workforce Planning Lead role ends 31st December – how is this extra work going to be picked up? ▪ Draft plans have been written will be presented to Clinical Governance ▪ Promoting radical change to each district to be able to build support groups for whānau and building their resilience rather than relying on a clinician ▪ Get rid of specialisation, shifting practice ▪ Midland to support district wide plans move forward	▪ Proposal for business plan for workforce coordination ▪ Update on Whānau Ora space	Eseta Nathalie if here
2.4	**Fit for the Future Update**	▪ National group pulled together by the Ministry ▪ Dire state of mental health and addictions services national ▪ Support the ministry to do immediately ▪ Primary healthcare, Whānau Ora ▪ Looking outside thinking of relationship we need to have across health and social development, across the sectors, whānau helping Iwi ▪ Higher need provider services, ▪ Innovative elements, looks more at the 28% mental health issues ▪ Quality commissions, framework high level discussions on issues and what the issues are, content valid but out of reach for most DHBs ▪ Integration of Māori health plans, meeting next week to decide	▪ Send out documents regarding commissions by Ministry and Quality	Phyllis
2.5	**Qlikview Quarterly Report**	▪ Please refer to embedded report and discussion notes  MLNs Qlik Report_ Nov 2016.pdf  Qlikview Update.pdf	▪ DNA rates to be broken down into ethnicity ▪ Present the outcomes, trending higher in comparison to other regions ▪ Interpretation of seclusion over all	Ashley Ashley Eseta

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			DHB's, to prevent under or over reporting	
2.6	**Clinical Workstation Update**	▪ Clinical documentation changes, regionally agreed clinical forms ▪ Combining similar forms, transition out of clinical language ▪ One plan across both continuums ▪ Bring together physical aspects of clinical information, reduce the amount of documentation ▪ Identify where cultural assessment fits in ▪ Standardise information on forms ▪ Current systems will be able to view information from other DHB's in the Midland Region, quite different levels now all will be moved to digital	▪ Definition on group Māori or Cultural	
2.7	**Midland Projects Update**	**Substances Abuse Compulsory Asessment Treatment Act (SACAT)** ▪ Two workshops have been held in the Midland region with the first going over the Act the second workshop discussed the gaps and the third workshop will be discussions re plan / report and clinical pathways ▪ Missing acute facilities packages of care around acutely unwell a sense of volume to decide whether its bigger or localised, driven by whānau ▪ Act only targets top 2%, this act is not enforcing treatment for a long time till they are able to make decisions for themselves ▪ NGO's and rural areas should be able to reach assessments, on cognitive capacity ▪ No additional funding unless we do a strategic assessment in the region and submit ▪ A lot workforce element issues arose – workforce development over the course of the next year, ensuring we have the capacity, and what best meets our rural needs ▪ Not so much about treatment but stabilisation towards health organisational service develop – cross sectoral ▪ Regional approach not diminishing local development ▪ Definition for "Mana Enhancing" for the Midland region, and what it looks like in practice, expect to see in our models of care for consistency of practice **Infant Perinatal** ▪ Focused on Māori images, e-learning tool for support workers, enhance support workers abilities along with the clinician, tool has been really well received **Supra-Regional Eating Disorders** ▪ Midland decided to withdraw from the supra-regional group ▪ Building our own capability and expertise, enhancing our own FTE roles	▪	

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3.0	**Meeting Concluded**	▪ **Concluded at 1:56pm**	▪	
3.1	**Next Meeting**	▪ **February 2017**	▪	