


**Present:** Eseta Nonu-Reid (Midland), Donna Blair – until 12.45pm (Lakes), Libby Moeke (Tairāwhiti), Linda McCulloch (Taranaki), Te Rau Oriwa Davis (Taranaki), Hine Moeke-Murray (Tairāwhiti), Pania Hetet – until 12.45pm (Bay of Plenty), Terry Huriwai (Te Rau Matatini), Stacey Porter (Werry Workforce), Roimata Timutimu – until 2pm (Bay of Plenty), Tau Moeke (Kaumatua)

**Apologies:** Ashley Bajaj (Midland), Phyllis Tangitu (Lakes),

No.	Topic	Discussion Points	Planned Action	By
1.0	<b>Whakatau / Welcome</b>	<ul style="list-style-type: none"> <li>Meeting commenced 9.42am</li> <li>T Moeke opened with Karakia</li> <li>Whanāungatanga katoa</li> </ul>		
1.1	<b>Approval of Minutes</b>	<ul style="list-style-type: none"> <li>Minutes from the previous meeting was accepted as true &amp; correct – moved by H Moeke-Murray and seconded by P Hetet</li> </ul>		
1.2	<b>Matters Arising</b>	<p><b>2.1 – Coroners Provisional Suicide Report</b></p> <ul style="list-style-type: none"> <li>Follow up with Phyllis re reports youth conference</li> </ul> <p><b>2.4 – Fit for Future Assessments</b></p> <ul style="list-style-type: none"> <li>Send out Quality Commissions documents to group</li> </ul>	<ul style="list-style-type: none"> <li>Follow up with Phyllis</li> <li>Follow up with Phyllis</li> </ul>	Eseta Eseta
2.0	<b>AGENDA ITEMS</b>			
2.1	<b>Maori Cultural Assessment Draft</b>	<ul style="list-style-type: none"> <li>Changes have been made to the document provided by Phyllis – this new assessment will be used as a starting point</li> <li>Is this form complimentary to what has already been done for the comprehensive assessment? Maori component still needs to be discussed before submitted.</li> <li>Parallel process, initial data need to transfer across and the cultural plan to reflect both</li> <li>CWS need to be setup with a path to the Maori cultural assessment</li> <li>In practice non-Maori need more workforce development education.</li> <li>Need acknowledgement that the first point of contact may not be the right person to carry out Maori Cultural Assessment. Competencies must be put into action – Takarangi framework almost there and Mana enhancing</li> </ul>	<ul style="list-style-type: none"> <li>Finalise form and process</li> <li>Ensure Mana Enhancing included</li> </ul>	All

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		<p>competencies in discussion with government now.</p> <ul style="list-style-type: none"> <li>▪ 80% of referrals to provider arm; if they come through NGO they work cooperatively anyway</li> <li>▪ Replace “Patient” with “Client”; competency &amp; supervision covered</li> </ul>		
2.2	<b>Workforce Planning Update</b>	<p><b>SACAT</b></p> <ul style="list-style-type: none"> <li>▪ Final workshop for substance abuse legislation will be held on 28 February for Midland</li> <li>▪ Important everyone to attend; Bill third reading;</li> <li>▪ Midland need to fill gaps in step down after detox &amp; rural sector; 1.0FTE approved by MoH to cover all the DHBs</li> </ul> <p>▪ MOCA training – capacity; specialist assessment questions whether capacity applicable</p> <p>▪ Taranaki – following Te Pou Matakana outcomes</p> <p><b>Midland Workforce Lead Role</b></p> <ul style="list-style-type: none"> <li>▪ The contract for the role ended on 31 December – role will be re-established via Midland Regional network. Job description has been updated to include quality assurance</li> </ul> <p><b>Co-Existing Problems</b></p> <ul style="list-style-type: none"> <li>▪ Continue the implementing in the region with one regional workshop and additional workshops in each of the DHB areas</li> </ul> <p><b>CBT</b></p> <ul style="list-style-type: none"> <li>▪ Being pushed to undertake however it is up to individual practice</li> <li>▪ Whanau Ora workers low profile amongst Te Ao Whanau</li> </ul> <p><b>COPMIA</b></p> <ul style="list-style-type: none"> <li>▪ Working with parents which then extends to the whānau – training available this year via Werry</li> <li>▪ Training ‘Parents under Pressure’ then integrate back into local scene; utilise frameworks from overseas evidenced plans but adapt to our needs</li> <li>▪ Terry – evaluation – what are we evaluating?</li> <li>▪ Who is gathering information about whether Western methodology is best practice for Maori? Should it be the MoH to evidence western methodology – we know it is not working</li> </ul>	<ul style="list-style-type: none"> <li>▪ Apply for seeding grant to undertake research on non-Maori methodology effectiveness – Seeding grant application form will identify what we have to do</li> </ul>	
2.3	<b>District Reports</b>	<ul style="list-style-type: none"> <li>▪ None reports were received – important to send these through so queries can discussed to find answers</li> <li>▪ Verbal report re huge project to indigenise workspace – both clinical and non-clinical helping others to take on board; Purakau Atua</li> </ul>		

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		<ul style="list-style-type: none"> <li>▪ Maintain integrity of the process &amp; avoid cultural appropriation</li> </ul>		
2.4	<b>RSP 2017-18 Consultation</b>	<ul style="list-style-type: none"> <li>▪ Mental Health &amp; Addiction is now a priority</li> <li>▪ Eseta – draft presented; mental health addictions now priority; Ron Dunham CE Mental Health Addictions; Worsop; Eseta Regional Director; linkages, measures, outputs;</li> <li><b>Eating Disorders</b> <ul style="list-style-type: none"> <li>▪ Current partnership with Northern will be exited on 01 July 2016</li> <li>▪ Central has a similar arrangement at a lower cost</li> </ul> </li> <li><b>High &amp; Complex Needs</b> <ul style="list-style-type: none"> <li>▪ MoH says we are doing well</li> </ul> </li> <li><b>Youth Forensic</b> <ul style="list-style-type: none"> <li>▪ Looking at undertaking a review of services</li> </ul> </li> <li><b>Infant Perinatal</b> <ul style="list-style-type: none"> <li>▪ Perinatal managed by Rhys; objectives outlined – continue eating disorders, primary health for bi-polar &amp; baseline – need to deliver good physical service; regional</li> </ul> </li> <li><b>Clinical Workstation</b> <ul style="list-style-type: none"> <li>▪ Map of medicine</li> <li>▪ Review pathways to include eating disorders and addictions</li> <li>▪ Transitioning through services not good and transitioning to NGOs non-existent – work needed</li> </ul> </li> <li><b>Seclusion</b> <ul style="list-style-type: none"> <li>▪ Minimising seclusion – focus is on restraint</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Agree a regional competency behind the Maori Cultural Assessment</li> </ul>	Eseta
2.5	<b>Qlikview Reports</b>	<ul style="list-style-type: none"> <li>▪ There have been significant changes between reports; most are under the benchmark e.g. Lakes community under 3-week referrals &amp; discharge; Tairawhiti not doing ADOs; BOP exceeding benchmark; Waikato doing well with reduction in wait-time</li> <li>▪ Not all NGOs get GP referrals; self-referrals &amp; referrals through Corrections</li> <li>▪ All PRIMHD data from MoH integrated to give overview</li> <li>▪ Great reduction in S29 &amp; S30 referrals for Maori in Taranaki rohe</li> <li>▪ Researching post-discharge reversion to D30 results</li> <li>▪ High figure for CTO, Seclusion and Restraint for Tairawhiti rohe</li> <li>▪ Recommended Ashley should review data collection methods/training to improve statistics reporting</li> </ul>		
2.6	<b>Mental Health Act &amp; Human Rights</b>	<ul style="list-style-type: none"> <li>▪ Please refer to embedded feedback form</li> </ul>	<ul style="list-style-type: none"> <li>▪ Feedback to be submitted to MoH</li> </ul>	Eseta

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	<b>Discussion</b>	 MH&A Submission - Te Huinga o Nga Pou		
3.0	<b>Meeting Concluded</b>	<ul style="list-style-type: none"> <li>▪ Closing karakia by T Moeke</li> <li>▪ Meeting closed at 2.30pm</li> </ul>		
3.1	<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>▪ <b>17 May 2017, Best Western Braeside, Barnard Road, Rotorua</b></li> </ul>	<b>Confirm attendance for catering purposes</b>	