



Midland Region Workforce Strategic Plan

2011 – 2014



Midland
District Health Boards
MENTAL HEALTH & ADDICTION
Service Development • Workforce Development • Partnerships & Relationships

MIDLAND REGION WORKFORCE STRATEGIC PLAN

DATED THE DAY OF 2010

**ISSUED BY
MIDLAND REGIONAL WORKFORCE ADVISORY GROUP (MRWAG)**

Signed by _____

Signed by _____

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1. INTRODUCTION

This plan has been formulated by the Midland Region Workforce Advisory Group (MRWAG) to support the current Midland Regional Strategic Plan (2010-2015) and as a progression to the Midland Workforce Development Plan (2008-2011). The MRWAGs core function is to support and advocate workforce development activities that are applicable to their respective regional forum. In order for the representatives to identify the workforce needs they must be familiar with local, regional and national demands and drivers.

In January and April 2010, MRWAG undertook an intense strategic planning session to set the direction for workforce development activities across the region. The plan has encompassed the role and responsibility that the regional coordinator is charged with at a national level and also strategically aligns future initiatives to regional needs identified from the Midland Regional Forums.

Since the 2008-2011 Workforce Strategic Plan, three key workforce development projects have been initiated from across the four National Workforce Centres and successfully delivered by the Workforce Coordinator in 2009:

- ♦ *Lets get real* Seven Real Skills (Te Pou)
- ♦ Takarangi Core Competency Framework (Te Rau Matatini and Matua Raki)
- ♦ Real Skills Plus (Werry Centre)

At a regional level a partnership was developed with a tertiary education provider to develop a NZQA nationally recognised education programme that would assist with building the capacity and capability of the Midland NGO providers in the area of Suicide Intervention and Prevention. Support was also provided to develop a Co-existing Disorders Diploma and trialled in the Midland region due to the high numbers of Maori presenting to services with co-existing mental health and addictions issues. Three Midland regions have completed the Level 6 Certificate in Suicide Intervention and Prevention in 2009 and the Applied Maori Health – Diploma of Co-Existing Disorders commenced in March in Rotorua.

In 2010 three additional workforce center projects were introduced to the Midland region for implementation:

- ♦ Seitapu Plus (Le Va, Te Pou)
- ♦ Co-Existing, Addiction and Mental Health Problems (Matua Raki)
- ♦ Eating Disorders (Werry Centre)

Of the 16 workforce development recommendations from the 2008-2011 Midland Workforce Strategic Plan, 14 of the recommendations have been achieved to date and it is an exciting time of growth and development in the Midland as workforce initiatives are coordinated by the regional coordinator role with support provided from MRWAG.

2. BACKGROUND AND CONTEXT

2.1 Mental Health and Addictions International Scope

It is accepted that, for the mental health and addiction sector, the international situation is characterised by the following:

- Shortage of workforce, with the need to build both capacity and capability
- The prevalence of indigenous models of service delivery
- The growing acceptance of participation and involvement of consumers and family/whanau in all levels of service delivery, i.e., governance, funding and planning, management, quality, care planning, evaluation; this is particularly so in the USA, United Kingdom and Canada
- Evidence-based programmes and practices
- An increased devolution of funding to support early intervention through primary care services
- Tighter regulation of professional registration
- Persistent upholding of a preference for multidisciplinary approaches to service delivery
- Greater demand for efficiencies
- Greater reliance on inter-agency cooperation and coordination

2.2 Mental Health and Addictions New Zealand Scope

In New Zealand, the situation for the mental health and addiction sector is characterised by the following:

- Move by the National-led government to dictate priorities for the mental health and addiction sector in New Zealand through funders and planners (rather than through consultation and development of local or regional priorities)
- The current Ministry of Health priorities for mental health and addiction services include:
 - ♦ Co-existing
 - ♦ Eating disorders
 - ♦ Older people
 - ♦ Existing services
 - ♦ Counselling (Primary)
 - ♦ PRIMHD
 - ♦ Workforce development
 - ♦ Clinical leadership (nurses and doctors)
 - ♦ Whanau Ora
- Significant funding awarded to PHOs for mental health and addiction primary services to support early diagnosis and intervention, as well as supporting consumers from secondary services to transition back to primary health
- The recent review of the National Specifications Framework, which informs how services should be contracted
- Increasing demand for a focus on:
 - ♦ Youth services including forensic
 - ♦ Interagency cooperation between justice and mental health and addiction
 - ♦ Managing prison population
 - ♦ Infant and prenatal
- Smoking cessation programmes have been transferred from public health into addictions
- Proof of competency for professionals for registration and annual practising certificates
- Use of professional competency frameworks
- Minimal growth in the funding numbers for mental health and addiction training, resulting in a small pool of new grads from which to recruit

3. NATIONAL ACTIVITIES FOR MENTAL HEALTH AND ADDICTIONS

3.1 National Workforce Centres

Currently, New Zealand has five national workforce centres for the mental health and addictions sector, which are described below:

1. The Werry Centre, Infant, Child and Adolescent.
2. Te Rau Matatini, Maori Workforce Development
3. Matua Raki, Addictions
4. Te Pou, Information, Research and Workforce Development
5. Le Va (Pacific People which is under the umbrella of Te Pou)

3.2 National Workforce Imperatives

The five strategic imperatives from Tauawhitia te Wero – Embracing the Challenge (Ministry of Health: 2005) and can be utilised to support development in those areas i.e.

1. Infrastructure Development

Developing regional mental health workforce development infrastructure across the Midland region is required to support achievement of the goals of the Midland Region Workforce Strategic Plan. The systems required to provide a coordinated and consistent approach to long term workforce development are currently fragmented and apportioned across a number of roles and sectors.

An infrastructure that will gather and coordinate workforce information, educate stakeholders, develop expertise, utilise existing strengths and create a robust, accountable and self sustaining infrastructure that is connected to the national workforce development programmes and initiatives is required to achieve full alignment to national strategy. The development of the regional Workforce Plan is an important step in developing this infrastructure.

2. Training and Development

Training and Development continues to be an important priority for mental health organisations in Midland. This requires the coordination of the education, health and employment sectors and management to align pre-service entry, orientation and ongoing development of mental health workers with future service provision requirements. Midland organisations require a broad range of mental health workers, who are competent, trained within a qualifications/competency framework and fit for service provider requirements post training. Stakeholder feedback has identified the need to address core competencies for mental health workers in Midland across clinical and non-clinical staff and from primary through to tertiary service providers.

3. Retention and Recruitment

Recruiting good staff and retaining them within an organisation is important to employers, mental health and addictions service users, family whanau, staff and communities in Midland. Moving from a recruitment and retention environment which is often reactive and crisis driven requires effective coordination, collaboration and strategic planning. Utilising national recruitment and retention project findings, current research, DHB and NGO strategies and identifying local best practice will contribute to a regional strategy for recruitment and retention.

4. Organisational Development

Organisational development is about developing the organisational culture and systems necessary to sustain the workforce. A supportive environment, good team work, flexibility and enhancing the balance between work and family have all been identified in stakeholder feedback from the regional strategic planning process as key success factors. Organisations that require assistance in developing a sustaining culture need to be able to access appropriate information, support and the tools for long term change management.

5. Research and Evaluation

Ensuring that information about the capacity (ability to provide) and capability (competence, aptitude, and qualifications) of Midland's mental health and addictions workforce is available will be crucial to both services and workforce planning. Evaluating workforce initiatives will also provide important information that can assist with our future directions. Ensuring that local, regional, national and international research and evaluation findings can have a productive application within Midland's mental health organisations for the benefit of employers, staff and service users is the aim of this imperative.

3.3 Regional Workforce Development Coordinators

- 1. Midland**
- 2. Central**
- 3. Southern**
- 4. Northern**

The role of regional workforce coordinator was established in May 2004 by the Mental Health Directorate of the Ministry of Health to provide a continuous and systemic response to mental health workforce development. The four coordinators are charged with ensuring better alignment of regional projects, national policy and broader DHB health workforce networks and initiatives. They do this by:

- building strong relationships within and across the mental health and addictions sector
- facilitating the uptake of national mental health workforce development opportunities
- increasing regional feedback on, and participation in, national, regional and district mental health and addictions workforce development planning
- ensuring national centers and programmes are responsive to the needs of the mental health and addictions sector
- supporting DHB and NGO mental health and addiction workforce development.

3.4 Five Key Tasks for the Midland Region Workforce Coordinator

1. The Workforce Coordinator initiates, leads, promotes and supports (as appropriate) local and regional mental health and addiction workforce development planning processes and implementation of related interventions, initiatives and projects. The role must liaise with national workforce development centers and work collaboratively with other regional coordinators to support translation and regional implementation of national initiatives. The coordinator accesses the Mental Health Workforce Development Framework to identify regional priorities to then develop maintain and implements regional workforce development activities that align to national framework.

2. The Workforce Coordinator must undertake and maintain regional stakeholder analysis - maps of key regional personnel involved in and influencing mental health and addictions workforce development. This role will be supported by the Midland Workforce Advisory Group and the Midland Regional Network.
3. The Workforce Coordinator must demonstrate competence in leadership that will promote and facilitate the embedding and development of national frameworks from the National Workforce Centers for all people working in the Midland mental health and addiction sectors.
4. The Workforce Coordinator must strive for excellence in all aspects of work and lead the Midland region to drive a shared vision of workforce development.
5. The Workforce Coordinator can effectively demonstrate an understanding of leading and promoting workforce development activities to assist the Midland region to work better at being responsive to Maori, Family/Whanau, Pacific, and Tangata Whaiora/Service user groups.

3.5 Midland Region Workforce Advisory Group (MRWAG):

The purpose of this advisory group is to provide leadership and direction for regional workforce development, promote relationships and partnerships locally and regionally and provide support and guidance to the regional coordinator role. The group was formed in January 2009 with representatives nominated from the Midland Regional forums and invited representation from the National Workforce Centres.

3.6 Midland Workforce Strategic Plan 2008-2011 Progress Review

A regional strategic planning day was held in Hamilton early 2008 to identify regional priorities for workforce development. Over 40 participants attended and participated with guest speakers from the five Workforce Centres and Ministry of Health. Sixteen recommendations were made by the group. Progress against the sixteen recommendations was undertaken late 2009.

| | Recommendation | Time | Action | Progress |
|----|---|-------------|--|---|
| 1. | Midland Region Workforce Development Advisory Group: to provide the leadership and direction for regional workforce development alongside service development, relationships and networks and the regional co-ordinator role. | 2009 | Develop a terms of reference. Membership defined at representatives from regional forums, clinical leader Dr R Sing, NGO leader, regional director, regional co-ordinator. All recommendations to have action plans. | Completed Feb 2009 – representation from all of the DHBs and Regional Forums. |
| 2. | Maori: Nga Purei Whakataa Ruamano the Midland region Maori Advisory Group have approved and supported the regional cultural training focus of the Takarangi Framework and Mauri Ora pilots within the region. Maximise on national Maori workforce development initiatives and services i.e. Te Rau Matatini AOD mobile training. | 2011 | Action plan to be developed and WFC to support roll out in each DHB region. | 2008/09 -Mauri Ora pilots in Taranaki, Waikato and BOP. 2009-10 - Takarangi rolled out in Tairawhiti, Bay of Plenty, Lakes, Waikato and Taranaki. |
| 3. | NGOs and PA to build stronger bridges for integration and united workforce development | 2011 | Integration projects to be undertaken as per DHB needs. | 2008–2010 - Integration projects lead by Midland Director in Tairawhiti, Lakes and Taranaki. 2008-2009 - Waikato CAMHS integration project completed 2008 – One Service Two Providers Forensic Service integration completed. |
| 4. | Lets Get Real to be in contracted structures by 2011. Midland to be future ready to incorporate and use the Lets Get Real competencies easily. Training packages to be inclusive of workforce groups, consumer and NGO. Common Capabilities meet essential Lets Get Real competencies. | 2011 | Endorsed paper 'the connection' for Common Capabilities and Let's Get Real. Prepare the sector and develop a Midland Lets Get Real Implementation Plan. | 2008 - Common Capabilities and Lets Get Real Connection paper signed off by Te Pou. 2009 – Lets Get Real rolled out to NGO sector. 2010 – Lets Get Real to be rolled out to Provider Arm sector. |

| | | | | |
|-----|---|-------------|---|--|
| 5. | AOD workforce development to have a regional forum/network that addresses the capacity to respond to AOD presentation and not to look at MH&A rather mental health to include its responsiveness to AOD. To be dual diagnosis capable. | 2010 | Annual forum and linkage with national workforce development AOD & Gambling centre: Matua Raki. | 2009 – Completed. CAMHS AOD and Adult AOD workshops held in May and June 2009. Midland Regional Addictions Forum established Nov 2009. |
| 6. | Primary mental health and addiction workforce development. Training those in the primary sector to be specialists of primary mental health and improve the interface between primary and secondary. Specific primary mental health education to existing workforce groups. i.e. psychology and occupational therapists. | 2011 | Use MR Workforce Advisory Group. | 2009 – 2010 Primary Expression of Interest Business Case developed in consultation with MH&A sector. Workforce Development plan identified in the Business Case. |
| 7. | Rural service development using IT teleportech that enhances and improves services for Maori and rural communities that has the ability to care for people in natural settings. Pilot Project. | 2011 | Work with winning leadership project set in the EBOP. | No for progress. |
| 8. | Consumer: improving participation and the value of service users being an integral part of service and workforce development. These service users will be people who are qualified and provide an effective and excellent service. | 2009 | Enact service user workforce plan. | Completed June 2009. |
| 9. | Seclusion and Reduction: complete a regional environmental scan of current practice and trends and contributing factors. Use this information and the national linkage to develop a regional approach and enactment. | 2009 | Within MRWAG enact this work. | Completed nationally. |
| 10. | Nurse Practitioner: to support more nurses achieving this qualification by a mentorship programme and framework, support from HR and study leave. Organisations and services to consider the most effective use of these roles and tailor workforce structures to support this. | 2010 | Develop a strategy to enact this recommendation. | Completed through local ADON or Nurse Educators. |

| | | | | |
|-----|--|----------------|--|--|
| 11. | Healthcare assistants: a regional approach to developing a consistent healthcare assistant position profile, job description and competencies. This to be achieved in unison with tertiary systems. | 2010 | Careerforce engagement to develop. | Completed by Careerforce. |
| 12. | Develop partnerships with tertiary providers for placements, secondments and research organisational development projects. | 2008/09 | Develop relationship and pathways through National Workforce Centres. | Completed by Workforce Coordinator 2009. |
| 13. | Mental Health and addiction services for older people: a regional forum for consistency and regional gain of experience and expertise. Link in and contribute to the national direction and NDSA competency development at the THMS conference. This service stream is included alongside all regional service planning. | 2008/09 | MHSOP linkage with national initiative and connection with 2008 THMHS pre-conference institute. | 2010 – Regional MHSOP annual networking forum supported by the Midland Regional Network. |
| 14. | Consumer Auditors: the region now has 10 fully trained and qualified to participate fully and equally – the region to utilise this resource. | 2008 | Promote auditors. | 2009 – completed. Consumer auditors profile page on the Midland website developed. |
| 15. | Leadership essential to changing the blame culture that exists within the sector. | 2009 | Enacted through the MR Strategic workforce advisory group. Annual one day gathering with regions leaders. | No progress |
| 16. | Marketing deliberately the positive outcomes and effectiveness of services, staff and services users. | 2008 | Develop a forum to promote and market success and positive outcomes. | Completed 2008. News Events and Updates page developed on the Midland website. Workforce Development pages enhanced to include national, regional and local activities. |

4 MIDLAND REGIONAL WORKFORCE STRATEGIC PLAN

4.1 Alignment to the Midland Region Strategic Plan 2010 - 2015

The Midland Regional Strategic Plan 2010 – 2015 has aligned all of the strategic actions to Te Tāhuhu's 10 Leading Challenge. The actions identified against Challenge 4: Workforce and Culture for Recovery are:

Leading Challenge 4 : Workforce and Culture for Recovery

Actions for this Leading Challenge are grouped under the following themes:

- Build a mental health and addictions workforce – and foster a culture among providers – that supports recovery, is person-centred, is culturally capable, and delivers an ongoing commitment to assure and improve the quality of services for people
- Build a workforce to deliver services for children and young people, Māori, Pacific peoples, Asian peoples, and people with addiction
- Support the development of a service user workforce
- Create an environment that fosters leaders across the sector
- Develop a culture among providers of involving whānau/families and significant others involved in treatment and recovery
- Foster a culture among providers that promotes service user participation and leadership
- Develop a culture of continuous quality improvement in which information and knowledge are used to enhance recovery and service development

Midland Region Strategic Priorities

The MRMH&AN will:

- 4.1 ensure that workforce development plans are aligned to those plans from national workforce development centres such as Te Rau Matatini, Te Pou, Matua Raki, Le Va and the Werry Centre*
- 4.2 develop a regional workforce advisory group whose role will be to determine long term workforce development initiatives and goals*
- 4.3 address competence and capability via generic and specialised training – including cultural competency training*
- 4.4 develop a training programme for the regional workforce that is aligned to 'Lets Get Real' strategies with Te Pou, The Werry Centre, Te Rau Matatini, Matua Raki and Le Va*
- 4.5 ensure scholarship funding will be available for ongoing professional development*
- 4.6 apply consistent regional training and application guidelines*
- 4.7 utilise national recruitment and retention project findings, current research, DHB and NGO strategies and identifying local best practice will contribute to a regional strategy for recruitment and retention*
- 4.8 utilise research and evaluation methodologies for workforce development*
- 4.9 develop information about the Midland region workforce capacity and capability and define a gap analysis*
- 4.10 review and evaluate the roll-out of the common capabilities training programme and migrating to ' Lets Get Real' framework.*
- 4.11 evaluate the risk assessment training with feedback to MoH following full review of risk assessment guidelines.*

4.2 Midland Region Workforce Strategic Objectives 2011 - 2014

| Goal 1 – Workforce development infrastructure | Objective | Completion Date | | | | | |
|---|---|-------------------------|-----|-------------------------|-----|-------------------------|-----|
| | | Period Ending 2011–2012 | | Period Ending 2012–2013 | | Period Ending 2013–2014 | |
| | | DEC | JUN | DEC | JUN | DEC | JUN |
| By 2014, the infrastructure for workforce development within the Midland Region is efficient, and supports the effective gathering and dissemination of information and efficient use of workforce resources, initiatives and activities. | 1.1 To develop and maintain the most effective process for promoting workforce development initiatives across the region. | ✓ | | | | | |
| | 1.2 To maintain an effective process for optimising scholarship opportunities for the Midland region and Workforce Centres. | ✓ | | | | | |
| | 1.3 Scope and implement effective evaluation processes for Midland workforce initiatives. | | ✓ | | | | |
| | 1.4 Contribute to policy and political pressure to keep workforce development as a national priority by aligning and participating at the National Workforce Centres level. | | | | | | ✓ |
| | 1.5 Champion and Lead national frameworks to support infrastructure for Workforce Development. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.6 To ensure that the Midland workforce priorities are aligned to the National priorities | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.7 Evaluate success factors and progress made against this goal. | | | | | ✓ | |

| Goal 2 – Recruitment and retention | Objective | Completion Date | | | | | |
|---|--|-------------------------|-----|-------------------------|-----|-------------------------|-----|
| | | Period Ending 2011–2012 | | Period Ending 2012–2013 | | Period Ending 2013–2014 | |
| | | DEC | JUN | DEC | JUN | DEC | JUN |
| By 2014, effective recruitment and retention strategies ensure an adequate workforce across the Midland region. | 2.1 Identify and facilitate the potential professional development activities that could be enhanced by a regional approach.. | | ✓ | | ✓ | | ✓ |
| | 2.2 Support local initiatives to grow their own workforce. | ✓ | | ✓ | | ✓ | |
| | 2.3 Support initiatives to attract Maori and Pacific people into clinical roles. | | ✓ | | ✓ | | |
| | 2.4 Champion and support good recruitment and retention processes across the sector by promoting the use of <i>Lets Get Real</i> enablers. | | ✓ | | | | |
| | 2.6 Evaluate success factors and progress made against this goal. | | | | | ✓ | |

| Goal 3 – Training and development | Objective | Completion Date | | | | | |
|--|--|-------------------------|-----|-------------------------|-----|-------------------------|-----|
| | | Period Ending 2011–2012 | | Period Ending 2012–2013 | | Period Ending 2013–2014 | |
| | | DEC | JUN | DEC | JUN | DEC | JUN |
| By 2014, effective training and development initiatives ensure workforce capability across the Midland region. | 3.1 Identify, disseminate and support the coordination of national learning and development opportunities across the region: <ul style="list-style-type: none"> ▪ Lets Get Real ▪ Real Skills plus Sei Tapu ▪ Takarangi Competency Framework ▪ Real Skills plus CAMHS ▪ Co-existing Disorders ▪ Eating Disorders | ✓ | | ✓ | | ✓ | |
| | 3.2 Implement priorities for regional development s identified by regional forums: <ul style="list-style-type: none"> ▪ Family Inclusiveness training (MRGAFW) ▪ Takarangi Phase II (MR NPWR) ▪ Wharerata Competency (MR NPWR) ▪ Consumer Peer Supervision (MR HTNK) ▪ DAPHANZ Competency Training (MR ADD) ▪ PRIMHD Capability and Compliance (MoH) | | ✓ | | ✓ | | ✓ |
| | 3.3 Support the development and provide ongoing leadership to the implementation of a 'swap shop' methodology across the Midland region <ul style="list-style-type: none"> ▪ DAO ▪ Methadone ▪ Acute Care ▪ Community Care ▪ Maternal Mental Health ▪ MHSOP ▪ Primary Mental Health | ✓ | | ✓ | | ✓ | |
| | 3.4 Evaluate success factors and progress made against this goal. | | | | | ✓ | |

| Goal 4 – Organisation and Development | Objective | Completion Date | | | | | |
|--|--|-------------------------|-----|-------------------------|-----|-------------------------|-----|
| | | Period Ending 2011–2012 | | Period Ending 2012–2013 | | Period Ending 2013–2014 | |
| | | DEC | JUN | DEC | JUN | DEC | JUN |
| By 2014, organisations across the Midland Region are supported to work together to be responsive to environmental change | 3.1 To support people through change by promoting the use of Lets Get Real Change Management enablers. | ✓ | | ✓ | | ✓ | |
| | 3.2 To identify workforce development needs of organisations through the regional strategic planning days annually. | | ✓ | | ✓ | | ✓ |
| | 4.3 To identify regional priorities that can be supported for organisations and access pathways to other supports as required. | | ✓ | | ✓ | | ✓ |
| | 4.4 Evaluate success factors and progress made against this goal. | | | | | ✓ | |
| | 4.5 Implement Leadership training provided through the national Workforce Centres. | | ✓ | | ✓ | | ✓ |

| Goal 5 – Research and Evaluation | Objective | Completion Date | | | | | |
|--|---|-------------------------|-----|-------------------------|-----|-------------------------|-----|
| | | Period Ending 2011–2012 | | Period Ending 2012–2013 | | Period Ending 2013–2014 | |
| | | DEC | JUN | DEC | JUN | DEC | JUN |
| By 2014, Midland services have a current picture of the research and evaluation activities in the region | 5.1 Ensure Midland has the opportunity to participate in national research initiatives. | | ✓ | | ✓ | | ✓ |
| | 5.2 Map evaluation projects across the region. | | ✓ | | ✓ | | ✓ |
| | 5.3 Map current research initiatives in the region. | | ✓ | | ✓ | | ✓ |
| | 5.4 Evaluate success factors and progress made against this goal. | | | | | ✓ | |

5. APPENDICES

5.1 Midland Regional Workforce Advisory Group Terms of Reference

**Midland Regional Workforce Advisory Group
(MRWAG)
Terms of Reference
September 2009**

1. Membership

- Midland Regional Mental Health and Addiction Network
- Midland Region Nga Purei Whakataa Ruamano Representative
- Midland Region He Tipuana Nga Kakano Representative
- Midland Region Generating Action for Family/Whanau Representative
- Midland DHB Mental Health & Addictions Portfolio Managers Representative
- Midland Region CAMHS Representative
- Learning and Development Mental Health and Addictions
- Alcohol and Drug Sector
- National Workforce Centre representatives

2. Goal/Purpose

- To provide the leadership and direction for workforce development in the mental health and addiction services throughout the Midland DHB's region through the Midland Workforce Development Coordinator.

3. Three Key Deliverables identified by advisory group

- To identify issues/activities that advance or inhibit workforce development and make informed and well developed representation/s to the relevant individual/agencies about this
- To provide timely and appropriate support for the Regional Workforce Coordinator
- To develop a shared understanding of the elements of workforce development and the roles of the relevant key agencies at the national, regional and local levels

4. National scope for the Advisory Group:

4.1 Five Strategic Imperatives from Tauawhitia te Wero – Embracing the Challenge 2006-2009

1. Workforce Development Infrastructure (Communications, Networking, Coordination of activities)
2. Recruitment and Retention (Attracting and Choosing Staff, Professional Development, Succession Planning)
3. Training and Development (Developing Skills, Developing Knowledge, Developing Attitudes)
4. Organisational Development (Leadership, Culture, Management, Design)
5. Research and Evaluation (Increasing Knowledge and Understanding, Assessing Effectiveness)

4.2 Te Puawaiwhero – The 2nd Maori MH & AOD National Strategic Framework 2008-2015

1. Workforce Development: Build a mental health and addiction workforce, across all levels of the continuum, that responds to the cultural and clinical needs of Maori whanau.
2. Research and Information Development: Consolidate our research and development foundation and build our knowledge base to achieve better outcomes for whanau including Tangata Whaiora.

5. Values

- Manaakitanga – everyone feels welcome and respected

- Commitment to the groups vision and goals
- Integrity, reliability and honesty
- Partnership and constructive working relationships amongst members
- Safety and trust
- Respect, integrity, honesty and reliability. Apply justice and fairness to decision making
- Professionalism
- Inclusiveness
- Good robust critique
- Confidentiality

6. Frequency of Meetings

- Quarterly face to face meetings in Hamilton and bi-monthly teleconference
- Any other time as deemed necessary by the group
- Annual schedule to be coordinated by the Midland Workforce Coordinator

7. Chairperson

- Face to face meetings – to be chaired on a rotated basis.
- Teleconferences/Videoconferences to be chaired by Midland Workforce Coordinator

8. Administrative Support

- Administration of meetings include production of agenda, minutes and circulation and booking of venue
- Midland Workforce Coordinator with support from the Midland Administrator

9. Agenda

- Prepared by the Midland Workforce Coordinator at least five working days prior to the meeting
- Agenda will include latest minutes from National Workforce Centre Meetings
- Finalised after input from members and circulated two working days prior to meeting

10. Minutes

- Draft minutes circulated to group within a fortnight after the meeting
- One week for confirmation of minutes before being posted on Midland Website

11. Reports and Accountability

- Monthly updates of progress and recommendations prepared by Midland Workforce Coordinator for Midland Director
- Verbal updates will be provided from Midland Workforce Coordinator at Midland Regional forums and can be supported from regional forum representative

12. Decision Making Process

- Majority through general agreement
- Quorum of five is required for decision making within meetings

13. Communication Systems

- E-mail
- Response to draft (minutes, agenda, reports) at agreed time frame
- If response is not possible within the agreed time frame, an acknowledgement is required
- Phone

14. Review

- Terms of Reference will be reviewed annually by the Midland Workforce Advisory Group or earlier .
- Date reviewed

Signed: [manager]

Date

Signed: [team leader]

Date

Review by: [Insert date]

Final Draft