




Present: A Marsters, E Nonu-Reid, B Walker, R Choudhary (MRN), F Porter, K Keats, J Harris (Lakes), C Lee (EBOP), H Ahomori (BOP), S Duncan, T Tobias, (WBOP), M Mildon, A Grennell (Waikato), T Moeke, L Moeke, J Allen (Tairawhiti), S Philipson (Taranaki)



Guests: Debby McEwan (Lakes), Jim Dickinson, (Taranaki), Jenny Cust (Tairawhiti), Tracy Kidd (WBOP)

Apologies: Hine Moeke-Murray

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Sue welcomed everyone to the meeting Introductions by all in attendance Tau opened meeting with a karakia 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> Approved by F Porter & Seconded by J Harris 		
1.2	Matters Arising	<p>Mental Health Commission Family Whanau Voice</p> <ul style="list-style-type: none"> Kathryn Platz is no longer with the MHC currently no representation for Family Whanau within MHC Sue attended the National Advisors meeting where feedback was given from Family Whanau perspective to Blueprint, Te Pou and other documentation. There is concern no family whanau input/feedback to high level documents 	<ul style="list-style-type: none"> Encouragement to all to give feedback 	
2.0	AGENDA ITEMS			
2.1	Blueprint II	<ul style="list-style-type: none"> The current Blueprint will expire on the 30th June 2012 Blueprint II is being completed by the Mental Health Commission <p>Purpose: To provide feedback to the Blueprint II document from a Family Whanau perspective</p> <ul style="list-style-type: none"> Please refer embedded document for MRGAFW feedback  <p>S:\LDHB Planning & Funding\Midland Regi</p>	<ul style="list-style-type: none"> Take this back to local groups and feedback directly to MHC website Regional and local responses 	
2.2	Midland Vision Logo	<ul style="list-style-type: none"> Midland Vision Logo – Logo document tabled within agenda <p>Top three were voted:</p> <ul style="list-style-type: none"> Option 1 = 6 votes 	<ul style="list-style-type: none"> Organise mock up of new vision logo 	<ul style="list-style-type: none"> Akatu

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		<ul style="list-style-type: none"> ○ Option 4 = 1 vote ○ Option 5 = 5 votes 		
2.3	Consumer & Family Whanau Collaboration	<ul style="list-style-type: none"> ▪ Suggested the Midland Family Whanau (MRGAFW) and Midland Consumers (HTNK) to work in collaboration with each other with a member from MRGAFW to sit on HTNK and vice versa (as guests only, no voting rights) ▪ During strategic planning meeting both groups to work side by side each other ▪ Both members are able to feedback to their groups – great way of sharing information alongside various perspectives <p>Way Forward</p> <ul style="list-style-type: none"> ▪ Possibility the MRGAFW & HTNK will become joint forums in the future – stronger as a combined forced ▪ Collaboration is not about agreement but robust discussions ▪ HTNK endorsed the collaboration with MRGAFW at the forum held on the 15 November ▪ MRGAFW members unanimously agrees with the concept of collaboration between the two groups 		
2.4	Draft Mental Health Act Guidelines	<p>Purpose: To provide feedback on the Family Whanau Section of the MH Act guidelines</p> <ul style="list-style-type: none"> ▪ Please refer to embedded document for feedback  <p>S:\LDHB Planning & Funding\Midland Regi</p>	<ul style="list-style-type: none"> ▪ Feedback to be submitted 	<ul style="list-style-type: none"> ▪ Eseta
2.5	Obstacles to family/whanau voice being heard	<ul style="list-style-type: none"> ▪ Families are finding it a struggle to report back to services ▪ The approaches in the Midland region are diverse – the initial point of entry is crucial for family whanau ▪ Effective mechanism toward working with families on multiple levels <p>Bay of Plenty</p> <ul style="list-style-type: none"> ▪ Family Whanau Advisors are in the wards 3.5 days to support whaiora and whanau ▪ First point of contact is Team Leader Nurse <ul style="list-style-type: none"> ○ More education is needed for nurses, psychiatrists and others on the ward ○ Work in progress with support of DAMHS and clinical leader (concerns to families) ▪ It is more inviting on the wards when family whanau are being met at the door ▪ Clear signage in hospitals are put in place when advisors are on the ward 	<ul style="list-style-type: none"> ▪ Take to individual Clinical Directors and Managers 	<ul style="list-style-type: none"> ▪ All

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		<p>Lakes</p> <ul style="list-style-type: none"> ▪ Provide an integrated family service – the Family & Consumer Advisors do not work directly with the families ▪ On entry all families / whaiora are presented with “info packs” and contacted by support worker and any other to assist, whaiora is followed out into the community. ▪ Service is not delivered by an FTE within the DHB but via community to provide services (NGO). <p>Taranaki</p> <ul style="list-style-type: none"> ▪ Person on reception in the inpatient service is the former Family Advisors and is the first point of contact for all coming into the service (this is a big plus for the service) <p>Tairāwhiti</p> <ul style="list-style-type: none"> ▪ The MHC recommended a Family Advisor role to the DHB – the position has not been appointed ▪ Family and consumer roles sit in the community <p>Waikato</p> <ul style="list-style-type: none"> ▪ Family Advisors/Coordinators have been based at the hospital (HRBC) with three people in this role since it commenced ▪ Roles participate in MDT ▪ Important to form relationships with the persons in role 		
2.6	<p>Primary MH SLAT Recommendations for Consultation</p>	<p>Purpose: To provide feedback to the SLAT recommendations from a Family Whanau perspective</p> <ul style="list-style-type: none"> ▪ Please refer to embedded document for feedback <div style="text-align: center;">  <p>S:\LDHB Planning & Funding\Midland Regi</p> </div>	<ul style="list-style-type: none"> ▪ Midland feedback to be submitted ▪ Optional for DHB areas to provide feedback directly 	<ul style="list-style-type: none"> ▪ Eseta ▪ All
2.7	<p>General Business</p>	<p>Sector Services Monitoring Report</p> <ul style="list-style-type: none"> ▪ Contact Belinda Walker directly for assistance <p>Midland Regional Updates</p> <ul style="list-style-type: none"> ▪ No consistently with regional updates – some are finding this as additional work ▪ Midland MH&A has moved into the share agency model where reporting lines have changed and we are reporting directly to the CEs rather than the GM Planner & Funder and Maori Health. ▪ Midland reports will go to the National Health board & Health NZ which are 		

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		<p>linked into national strategies impacting on health delivery of services</p> <ul style="list-style-type: none"> ▪ Nationally looking at evidence of success and achievements <p>Future Regional Updates</p> <ul style="list-style-type: none"> ▪ One report per DHB area rather than individual service reports with common themes, in total five reports ▪ Updates will be posted on website to lift this groups profile <p>Future Direction for Group</p> <ul style="list-style-type: none"> ▪ Group will be more strategically focussed ▪ Huge regional national drivers will be coming through for feedback which will be the groups focus <p>Regional Updates Submitted for Nov 2011</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  S:\LDHB Planning & Funding\Midland Regi Tairawhiti </div> <div style="text-align: center;">  S:\LDHB Planning & Funding\Midland Regi Taranaki </div> </div>		
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 2.30pm ▪ Tau closed the meeting with a karakia 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ Dates for 2012 to be confirmed and will be distributed to everyone 		