

**Present:** Akatu Marsters, Eseta Nonu-Reid (HealthShare), Graham Mellsop, Rees Tapsell, Jeff Bennett (Waikato), Hester Swartz (Taranaki), Maureen Emery (Lakes) & David Benton (BOP)

**Apologies:** Belinda Walker, Joanna, Te Pare Kingi-Meihana, Missy Katipa (Tairāwhiti), Marita Ranclaud, Michael O'Connell (Lakes), Wendy Langed (Taranaki) and Fiona (Primary Health)

**Absent:** Sue Mackersey

No.	Topic	Discussion Points	Planned Action	By
1.0	<b>Whakatau / Welcome</b>	<ul style="list-style-type: none"> <li>▪ All thanked for dialling in and apologies read</li> <li>▪ Maureen gave early apologies as she will be leaving at 10.15am</li> </ul>		
1.1	<b>Approval of Minutes</b>	<ul style="list-style-type: none"> <li>▪ Previous minutes accepted by all</li> </ul>		
1.2	<b>Matters Arising</b>	<p><b>PRIMHD MDT</b></p> <ul style="list-style-type: none"> <li>▪ An option for workshops to be held in the Provider Arm and with clinicians to increase the awareness and compliance to PRIMHD and give clarity to information &amp; data collected</li> <li>▪ Training being offered via Te Pou – Eseta has contacted Midland CDs about the workshop and waiting on responses from two DHBs so can progress further. Te Pou will tailor the trainings to each DHB for clinician buy in</li> <li>▪ PRIMD data is essential reporting, the approach to clinicians can be gained by reinforcing that the data is collected to improve quality outcome of services</li> <li>▪ All the data is an opportunity for common language by MoH – what questions do we use pertaining to data? The sector needs to be involved to see the value of the initiative at the front end</li> <li>▪ PRIMHD steering group is being reformed by MoH. A lot of things are happening in isolation and not visible, what is the purpose of this group. Disconnected with the sector – Belinda to be the Midland rep on this group</li> <li>▪ Over the years initiatives have been put in place by MoH but there is has been no mechanisms to provide feedback to the information gathered</li> <li>▪ <b>Agreement</b> gathering of data is for the purpose of clinical outcomes etc</li> <li>▪ <b>Consultation</b> with MoH (Rod, John and or Phillipa) re clear process and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Keep the discussion on local GMs agenda</li> <li>▪ Rod will be at August</li> </ul>	All

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		<p>asking the questions, how can we get PRIMHD coordination of data from MoH and sector, what is the purpose of the info, what info is MoH extracting, why and what should we do? etc</p> <ul style="list-style-type: none"> <li>▪ <b>Training</b> – extraction of accessing data, which will be dependant on the above two</li> </ul>	meeting	
2.0	<b>AGENDA ITEMS</b>			
2.1	<p><b>Letter from Hester Swart to group Where to next?</b></p>	<ul style="list-style-type: none"> <li>▪ Letter tabled in the agenda sent by Ronel addressed to Eseta in regards to the Youth Forensics workforce</li> <li>▪ Request to remove a section the following section in the report – all endorsed the removal of this section <i>Youth Forensic psychiatrists are not (yet) specially trained. Therefore in theory any Child and Adolescent psychiatrist will be able to provide such reports. In practice however it is only C+Y psychiatrists with special interest and above average skills who might be deemed suitable to do such reports.</i></li> <li>▪ There are clear differences between inpatient (eg. Prison or Youth Justice facility) and outpatient services (community based service) – CAMHS are aware of their local context</li> <li>▪ Youth forensics reporting process operates within a legal framework and in courts – specialist expertise expected in youth justice facilities and prisons and it is important to have multiple relationships with report writers, psychiatrists, other services etc</li> <li>▪ It was recommended that relationships are developed between interested CAMHS Psychiatrists in the region to have a discussion regarding Youth Forensic</li> </ul>	<ul style="list-style-type: none"> <li>▪ Remove this section in report</li> <li>▪ Eseta to write letter and copy in MRCG when sending to Hauora Waikato??</li> </ul>	<p>Eseta</p> <p>Eseta</p>
2.2	<p><b>AOD sub-working group briefing paper</b></p> <p><b>Feedback and or amendments</b></p>	<ul style="list-style-type: none"> <li>▪ Paper tabled within the agenda</li> <li>▪ Background document pertaining to a uniformed and accepted criteria for people to go into various parts of treatment ie residential , outpatient, detox etc and working towards each client being referred with comprehension assessment</li> <li>▪ The document is the result of group working together and will continue to work together to provide recommendations</li> <li>▪ Request to develop a ‘Decision Making Flowchart” to ensure understanding</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop flowchart and bring back recommendations to MRCG</li> </ul>	David
2.3	<b>General Business</b>	<p><b>DMS 5</b></p> <ul style="list-style-type: none"> <li>▪ Very limited guidance from the MoH pertaining to DMS 5</li> <li>▪ Waikato will not be moving to DMS 5 but will continue to use DMS 4</li> </ul>		

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		<ul style="list-style-type: none"> <li>▪ Midland discussion on this</li> <li>▪ Taranaki have been offered two ½ day trainings on how to use DMS 5</li> <li>▪ Recommended a letter be sent to MoH requesting guidance from the sector on DMS 5</li> </ul>	<ul style="list-style-type: none"> <li>▪ Organise a letter to MoH</li> </ul>	Graham
3.0	<b>Meeting Concluded</b>	<ul style="list-style-type: none"> <li>▪ <b>10.45am</b></li> </ul>		
3.1	<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>▪ <b>Face to Face on 01 August 2013 at Ventura Inn, Hamilton</b></li> <li>▪ <b>Guest speakers – Rod Bartling and Robyn Shearer</b></li> </ul>	Organise a TC or email conversation to flesh out questions for speaker prior to 1 <sup>st</sup> of August meeting	