


Present: Eseta Nonu-Reid, Belinda Walker, Marita Ranclaud, Liz Carrington, Katherine Fell, Deirdre Mulligan, Graham Stewart, Aroha Panapa, Kurei Knight, Jolene Proffitt, Caroline Fraser and Paula Johnston (Minute Taker)

Apologies: Lesley Watkins, Jenny James, Denise Tapper, Kurei Knight

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> ▪ Welcome taken by D Mulligan ▪ Karakia by J Proffitt ▪ Introductions made by everyone 		
1.1	Approval of Minutes	<ul style="list-style-type: none"> ▪ Previous Minutes accepted as a true and correct record – accepted by all 		
1.2	Matters Arising	<p>Midland Youth Model of Care</p> <ul style="list-style-type: none"> ▪ The future model will be directed by data, the first set of figures for the 1st quarter have gone out to planner and funders although not available at this meeting – data as per template ▪ Briefly updated group and advised 40% of youth are from outside Midland with the majority from Auckland ▪ It was noted that far more treatment support requires to be provided and there is a lack of psychiatrist time. Now dealing with three prisons not the 2 initially thought. All had representation except Taranaki stakeholders and this has been booked to resolve ▪ Courts expressing confusion so data requires to be confirmed and further communication required ▪ Court liaison contact is significant. The data collection has been useful and will help inform for the future ▪ Springhill prison is also included due to them now handling children and demanding treatment, although it is early days for consult liaison at this stage ▪ Information gone to Portfolio Managers and Clinical Governance but will require to be amended due to NHI no's, if circulation is required <p>Change in previous minutes – 2.4:</p> <ul style="list-style-type: none"> ▪ “Data will shape the model of care” to “Data informing the model of care” 	<ul style="list-style-type: none"> ▪ Data to be amended for circulation 	K Fell

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2.0	AGENDA ITEMS			
2.1	CAMHS Workshop Update	<ul style="list-style-type: none"> ▪ Presented pathways and discussion with CAMHS as to whether this matched against current activity and discussed what the pressure points would be for future investment and the areas highlighted were around AOD consultation in rural areas and also some discussion around a parallel process with the Rangatahi courts ▪ Early days with the data collection and this hasn't been summarised as yet due to the size of the database. 	<ul style="list-style-type: none"> ▪ How is consult liaison to be shaped? 	
2.2	Sector Updates	<ul style="list-style-type: none"> ▪ Springhill is currently undertaking assessment and treatment for youths going into adult prisons ▪ Services are being redefined ▪ What are the expectations? <p>Increase in Demand</p> <ul style="list-style-type: none"> ▪ Increase in demand of crisis referrals, in complexity and acuity across the board with a lot more liaison and consult being requested ▪ There is a lot more consultation around planning for Care in the Community and communication between services is required <p>Te Maioha / Court</p> <ul style="list-style-type: none"> ▪ New transition programme implemented for Te Maioha by court ▪ New pathways being implemented (Nationally) – integration, education planning etc ▪ Further discussion with courts to take place due to inconsistencies but better services required to be provided for youth. Specifically around 333 and whether this is required <p>Rangatahi Courts</p> <ul style="list-style-type: none"> ▪ Rangatahi court will be made available in Tauranga by the end of the year ▪ Evaluation of Rangatahi Court and one Pacific Court which is very position to date and the go ahead for further roll out <p>Vulnerable Children</p> <ul style="list-style-type: none"> ▪ Rotorua demonstrations site for Vulnerable Children MSD has put our RFP – out for consultation and this closes end April 2013 ▪ Acts in co-ordination roles across agencies for youth, community based with the capacity to influence where funding can be provided and reshaping in terms of thinking and service delivery ▪ MSD submitted for a social sector trial primarily in Rotorua but seems to be broader than in other areas of New Zealand ▪ Automatic flow on to Primary Mental Health and Addiction will raise the demand for treatment. 		

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		<ul style="list-style-type: none"> ▪ Looking at early intervention rather than wider scope. Further meetings to take place Drivers of Crime ▪ Corrections have an expectation for Drivers of Crime promising workforce increased access to treatment and services from health compulsory drug testing for employment and the impact this will have on Health in the provision of this Youth Residential Inpatient Unit ▪ Youth Court Bail conditions and drug tests have been challenged as to whether they are legal or if they infringe on personal rights ▪ RFP for Youth Residential Inpatient Unit. This requires further discussion and closed approximately end of April 2013. ▪ Pathways in and out will impact on local services MoH Youth Allocation ▪ MoH new allocation for funding has come through, MoH require how this would be spent ▪ 2.4FTE allocation to go towards AOD, Consult Liaison and SMO ▪ It was agreed to use colour coding in our model with the document CAMHS ▪ Roadshow for CAMHS was undertaken and after initial fear, further discussion around being inundated and requiring more structure and support 		
2.3	Draft Model of Care	<p>Draft to be circulated</p> <ul style="list-style-type: none"> ▪ Document circulated and feedback received ▪ Replace Hauora Waikato with Nga Ringa Awhina ▪ Please refer to embedded document for feedback <div style="text-align: center;">  <p>S:\LDHB Planning & Funding\Midland Regi</p> </div> <p>Feedback</p> <ul style="list-style-type: none"> ▪ Amendments to made as per feedback ▪ Executive Summary to be completed ▪ Go through the sign off process, document sent to Clinical Governance network and GMs 		
2.4	Consultation Approach	<ul style="list-style-type: none"> ▪ Potentially use the Adult Mental Health process for consultation – to be circulated and discussed. 		

No.	Topic	Discussion Points	Planned Action	By
2.5	Next Steps	<ul style="list-style-type: none"> ▪ Deirdre will be in touch with regards to next steps and final comments 		
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 2.10pm 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ No further meetings scheduled 		