
	<p>CHILD AND YOUTH MORTALITY REVIEW COMMITTEE</p> <p>Te Röpü Arotake Auau Mate o te Hunga Tamariki, Taiohi</p> <p>Meeting Minutes Wednesday 16 April 2008 9.00 am to 4.00pm</p>
In Attendance:	Nick Baker (NB), Barry Taylor (BT), Russell Franklin (RF), Christopher Morris (CM), Eru George (EG), Liz Craig (LC), Riana Manuel (RM), Annie Bermingham (AB), Kelly Anderson (KA), Marie Connolly (MC)
Apologies:	Anganette Hall, Kelly Anderson (for lateness), Marie Connolly (leaving at 10.30am)
Guests:	Glenys Needs (GN), Maria Cotter (Min of Health), Jenny Skinner (Min of Health)
Secretariat:	Trina Tautau (TT)
Agenda Items:	Summary of Discussions and Decisions
Opening	Meeting opened up with karakia. NB introduced Annie Bermingham as the new Ministry of Health member to CYMRC, and Trina Tautau as the newly appointed Analyst for the Secretariat.
Mins 15-16 Nov 2007	True and Correct: BT, RM
Matters arising	<p><u>Letter to Health Professionals on SUDI message</u> This was for Pat Tuohy's team to send out. AB will check with the progress on this. This needs to go out as soon as possible so health professionals will be ready with background information before it is released publicly in the CYMRC 4th annual report.</p> <p>Action: Follow up with Pat Tuohy and send out letter. AB</p> <p><u>Meningococcal</u> RM wanted to know time scales of when the vaccination program was going to be stopped. NB advised the schedule will be discontinued as of 1 June 2008. Under 5's have until the end of 2008 to finish their vaccination program. The epidemic has been successfully stopped. NB would like CYMRC to be responsive to issues of public health importance such as this in the future.</p>
Review Processes within Ministry of Social Development - Marie Connolly	<p>MSD have increased their death reviewing. For example with family violence they have local groups doing reviews and MSD doing reviews. This is a good time to see if processes are being duplicated by MSD and CYMRC, and whether the processes can be strengthened.</p> <p>MSD collect information on child and youth deaths known to them, regardless of why the death occurs. Therefore MSD and CYMRC are doing duplicate reviews. MSD think it may be better that accidents and medical deaths should be solely reviewed by local CYMRGs.</p> <p>MSD review cases that are in their care, and suicide deaths and any other deaths the Chief Executive (CE) considers important with systematic case reviews. They're reported to the CE and then to CYF</p>

	<p>and the Office of the Childrens Commission and these should also be reported to CYMRC.</p> <p>Essentially the difference from now, the accident and medical deaths known by CYF instead of being reviewed by MSD will be reviewed solely by CYMRC. Case reviews per annum are about 100, MSD will definitely review the deaths the CE is responsible for with custody and guardianship.</p> <p>CYMRC will then receive the information from MSD on their reviews. CYMRC updates MSD on known deaths under 24 years on a monthly basis.</p> <p>Local CYMRGs will still require CYF information presented to the local groups.</p> <p>This will need to be passed to the Commission of Children. MC noted that if the OCC group were represented on CYMRC that would ease the discussions that we could have, and also complete the loop.</p> <p>Action: NB, TT, KA, MC & AB to draft an agreement with CYMRC and MSD</p> <p>Action: TT to find out if we can appoint an extra person to CYMRC. Add to the workplan the relationship with OCC, NB to communicate with OCC on CYMRCs ideas.</p> <p>Action: Agenda item for May – Tanith and Aphra to attend next meeting</p>
<p>Mini Reviews - Nick Baker</p>	<p>NB showed an excerpt of the Montana mortality review report, which reports on risk factors. CYMRC are yet to do this kind of reporting. It was suggested that we could report on risk factors for suicide, road traffic and SUDI. Should tighten this up though and maybe get an epidemiologist to have a look at the data.</p> <p>The mini reviews can increase our profile and build relationships with our strategic partners.</p> <p>NB – drafted a mini review on drownings</p> <p>MC noted the real value is that we do get a picture of these deaths and our responses to them take on a certain character, which may be different to others.</p> <p>NB noted that take home message, you get a swimming pool and get it licensed, but if its still there after 30 years it still has the original compliance, there is no need to for it to be updated or inspected. Even after a drowning, the pools don't seem to be checked.</p> <p>Who would be our audience? NB suggested we could carry out mini reviews on hot topics and have them ready to be responsive instead of reactive – eg. Menz B. We will then have data to support discussions.</p> <p>CYMRC need to increase the quality of the database, both from the top down and bottom up. There are some problems currently with quality</p>

	<p>of data, but nobody is cleaning it up. If this is done, our quality will improve immensely.</p> <p>Action: TT, NB make sure we include enough resources in workplan</p>	
<p>Suicide Prevention - Maria Cotter/Jenny Skinner MOH</p>	<p>Maria Cotter leads the Suicide Prevention Strategy across Government.</p> <p>NB introduced Maria and Jenny, they have just launched the new Suicide Prevention Strategy, which contains 7 goals. CYMRC need to look at how we can link into the goals on a local level and link our recommendations with the 7 goals.</p> <p>Marie presented the goals from the Suicide Prevention Strategy and held discussions around the goals.</p> <p>They are piloting 5 suicide prevention positions in DHBs – Auckland, Counties Manukau, Lakes, Wairarapa and Nelson Marlborough.</p> <p>NB – it's important that these people link into local CYMRGs.</p> <p>BT – Victim Support will need to have their own database, they attend 95% of suicides with Police within 24 hours. CYMRC will want some data in their system, Maria to help with that relationship. Maria and her team will look at how we can coordinate data collection.</p> <p>BT – one of the aims of CYMRC is to promote research. There seems to be some issues around internet use and cellphone use. Could be a good research area.</p> <p>Maria – we could use a clearer link with the CYMRC to see emerging issues and trends. For example - is there anything curious going on in the under 15 age group?</p> <p>RFP through Te Pou – through the CYMRC affiliation with the approval of the Chair, someone could put in an application to the process. The datagroup could potentially put in an application.</p> <p>Action: NB, TT, GN to get together with Maria to look at a joint approach for data around suicide</p> <p>Action: NB informing potential applicants of RFP that the CYMRC dataset is a useful source of information.</p>	
<p>Rollout of Coordinators to DHBs - Trina Tautau/Nick Baker</p>	<p>The business case was given that the money would be shared by a \$\$ value per deaths (.25 FTE per 10 deaths). If we can change it to .2 FTE per deaths, it makes a small difference to FTE for the DHBs, but leaves us with a small amount to provide a National Coordinator.</p> <p>The National Coordinator will be able to produce protocols, policy and make sure there is consistency for the local groups.</p> <p>The CYMRC agreed that a National Coordinator was needed. Funding would be required for this so some sort of top slicing arrangement would have to occur.</p> <p>Discussion was had around whether to roll out the funding through the DHBs or have one lead DHB contract out to all other DHBs.</p>	

	<p>It was suggested to find out if there were any previous successful models of funding to one DHB, who then contracted out. Also DHBs would need agreement from DHBs if funding was to be handed out this way.</p> <p>Action – TT to look at the issues raised around funding options and draft up the CFA for the CYMRC meeting on 8 & 9 May.</p>
Workplan - Nick Baker	<p>The workplan was discussed. Changes and additions were noted.</p> <p>EC – was concerned about the research projects noted in the workplan and that there are no current guidelines in this area.</p> <p>EC – Should have a three year plan so we can control what cases are reviewed, so as a Committee we can prioritise and collectively know where we are heading.</p> <p>BT – Agreement that extra days should be included into the workplan for the Chair to build relationships with outside groups.</p> <p>Action: Item to be added to workplan – document for guidelines of research</p> <p>Action: Agreement reached that TT & NB finalise workplan and send it to Minister for approval</p>
Data	<p>Looked at data for next report. Agreed data will be looked into at detail at the next meeting.</p> <p>Action: Add to next agenda – Procedure for getting med students in for research purposes. Need to document good practices.</p> <p>Action: Scientific sub-group needs to get together and decide on these procedures and who the Chair will be. AB to join the sub-group.</p>
Meeting Closed	4.20pm
Next meeting: Venue:	8 & 9 May 2008 Wellington Airport Conference Centre
Minutes Approved:	<p style="text-align: center;"></p> <p>Signature:</p> <p>Date: 23rd May 2008</p>