

Each of these positions will have a Division-wide role and Division-wide responsibilities, ie across Integrated Mental Health Services, The Park and Specialised Services.

Director of Clinical Services, Mental Health and Specialised Services:

Reporting to the Director of Clinical Services Mental Health and Specialised Services will be the:

- Clinical Director IMHS
- Clinical Director High Secure Inpatient Services
- Clinical Director Prison Mental Health; and
- Clinical Directors/Psychiatrists of transitional Mental Health services at The Park (ie Barrett Adolescent Centre (BAC) and remaining Extended Treatment and Rehabilitation/ Dual Diagnosis program – as per *The Queensland Plan for Mental Health 2007-2017*
- Mental Health Act Administrator (MHAA) – The Park. (NB IMHS also has a MHAA)

Director of Nursing, Mental Health & Specialised Services:

Reporting to the Director of Nursing, Mental Health & Specialised Services will be the:

- Nursing Director - Secure Inpatient Services
(High Secure, Secure Rehabilitation and Barrett Adolescent Centre)
- Nursing Director – Offender Health Services and Clinical Support
(Offender Health Services, Prison Mental Health, Brisbane Youth Detention Centre and Clinical Support (ie Nurse Managers and After Hours Nurse Managers))
- Nursing Director – Community Integration
(Integrated Mental Health Services, Extended Treatment and Rehabilitation- ie future Community Care Unit)
- Nursing Director – Service Improvement and Evaluation
(including consumer programs and clinical benchmarking)
- NB - Nursing Director Education will be incorporated in a HHS wide Education program
- Nursing Director- Workforce will be abolished and functions incorporated into nurse unit managers roles

Director of Allied Health and Community Mental Health Programs:

Reporting to the Director of Allied Health and Community Mental Health Programs will be:

- Allied Health Discipline Seniors/Team Leaders The Park; and
- Team Leaders of the community teams within IMHS and ATODs. (It is anticipated that the Director of Allied Health and Community Mental Health Programs will be located at IMHS.)

Mental Health Business Manager:

Reporting to the Mental Health Business Manager will be:

- Assistant Business Manager
- Trust financial staff
- Revenue staff for The Park
- Administrative staff at The Park

Coordinator Quality, Safety and Governance

- This position will oversee the functions of the division in relation to quality safety and governance and include the overarching management of complaints for the Division.

Consumer Advocate, West Moreton Mental Health and Specialised Services

- This position acts as an independent advocate and will ensure that the Division at its most senior level ensures consumer participation and input.

Appendix 1 outlines the current structure for The Park – Centre for Mental Health.

Appendix 2 outlines the current structure for IMHS.

Appendix 3 outlines the proposed structure for MH&SS, WMHHS.

5.3 Proposed Tier 4 and Below

Team alignments – IMHS

- The aim is to reduce the duplication of management processes for like type services and free up senior clinician time for clinical application and support.
- All Team leader positions across IMHS will be realigned into four key community teams, inclusive of ATODs
- The result will be improved efficiency and increased clinical support with decrease in Team leader positions.

Nurse Managers and After hours Nurse Managers

- The aim is to improve efficiency across the whole division and ensure best use of nursing resources.
- All rostering and after hours support will be provided from a single point.
- The result will be improved efficiency and a decrease in Nurse Manager Positions.

Allied Health and Rehabilitation for The Park

- The aim is to create an integrated service model within each business unit at The Park.
- The result will be an integrated model with a reduction in FTE with Allied Health at The Park.

Child and Youth Mental Health Services

- The aim is to reduce the profile of Child & Youth Mental Health Service to a sustainable model focused on delivery of clinical care.
- The result will be a stronger focus on a goal directed, time limited model of service delivery.
- The result will be a sustainable model and reduction in FTE to align with establishments.

Clinical Support Functions across the division

- The aim is to ensure clarity of focus on clinical service delivery and encourage integration of broader functions into clinical teams within the community mental health services.
- This review has occurred on a position by position basis and will result in an integration of functions into clinical teams and a decrease in FTE.

Service Development, Consumer Supports and Services

- The aim is to improve integration and efficiency for provision of consumer services across the Division and to ensure resources are aligned to clinical and operational units.
- The functions of the service development team will be realigned to Nursing Director Service Improvement and Evaluation excluding the safety and quality position.
- All consumer services inclusive of Aboriginal and Torres Strait Islander consumer services at The Park will be aligned into a single team.
- The result will be improved integration and a reduction to FTE.

Project/Redevelopment programs within The Park:

- Project positions were created to support a number of redevelopment plans at The Park.
- Remaining temporary positions will cease upon the commissioning of EFTRU.

Barrett Adolescent Services

- An Expert Clinical Reference Group will provide advice to promote the development of a contemporary evidence based model of care to meet the needs of adolescent mental health consumers who require medium to longer term treatment and rehabilitation in Queensland.
- It is not possible at this stage to incorporate this into the Business Case.

Clinical Service areas:

- All clinical service areas will be aligned to provide a sustainable and contemporary service model within appropriate budget allocations.
- This will result in a range of changes to FTE across nursing, allied health and medical streams.

Prison Mental Health Services:

- The aim is to ensure that the service is able to maintain a quality and efficient service that supports an increasing client group within the correctional services.
- Reassessment of some roles and functions and an alignment with Offender Health will support this aim.
- This will result in a change of classification within the team and operational realignment.

Offender Health Services:

- Offender Health Services (OHS) have transitioned to the HHS and require alignment to the policies and practices of the West Moreton HHS.
- Services need to align to a Primary care model of practice.
- A range of efficiencies and opportunities exist to ensure contemporary and quality services are delivered to the prisoner population.
- Implementation of the changes will result in a reduction of FTE.
- OHS is subject to a separate business case.

Pharmacy Services:

- The HHS will create a single Pharmacy Service for MH&SS with leadership being provided from the Director of Pharmacy, Ipswich Hospital.
- The aim of Pharmacy Services within The Park is to ensure a contemporary and efficient model of service.
- Special consideration is to be taken in regards to the role that the pharmacy at The Park may play in the development of Pharmacy Services for prison services.
- Future reassessment of pharmacy resources will be required once a model is implemented and evaluated within OHS.
- The initial outcome of current efficiency changes will result in FTE reduction.

Library Services:

- Provision of library services within the HHS does not reflect a contemporary model for online and web based services.
- It is proposed that the library service is reviewed by the end of February 2013 against contemporary library service models. The library service at Ipswich hospital is also included in this review.
- The result should be a reduction in FTE.

Health Information and Records Management:

- A single service be created across WMHSS for health information and records management.
- Revised reporting lines will be in place by the end of January 2013.

Recovery and Resilience (R&R) Services:

- The R&R was a time limited service to support significant grief and loss post the 2011 floods.
- The program is scheduled to finish in the first half of 2013 and all positions will be abolished.

Drug Court Program:

- A decision by the Attorney-General will result in the cessation of the drug court program on 30 June 2013. This decision applies to West Moreton HHS.
- The result will be a reduction in FTE.

Security Services The Park:

- The aim of any security service model changes within The Park will be to ensure that they align with contemporary security models and are reflective of the changing role of The Park as a secure forensic service.
- An separate external review and model recommendation for security services will influence the provision of security at The Park into the future.

Operational and Administrative Services The Park:

- The aim is to ensure that any operational or administrative service reflects current service needs, future model changes and contemporary practice.
- Considerations have been in alignment with the HHS Divisions of Corporate Services and Infrastructure.
- Resultant changes will be implemented that will result in improved efficiency and reduction in FTE

Efficiencies and practice changes:

The following key changes will be implemented over the next six months to ensure efficiency of service delivery within allocated budget and improved work practices.

- Review of clinical decision making and practices within Medium Secure Rehabilitation Services to ensure integrity to an agreed medium secure rehabilitation model of care.
- Implement improved practice for the initiating and continuation of constant observations.
- Introduce a new model for nursing overtime replacement to align with the clinical needs of the unit.
- Implement a staff rotational rostering policy for nursing staff across The Park.
- Review the nursing skill mix across all program areas within the Division and implement changed skill mix accordingly.
- Implement improved safety and quality standards in regards to documentation and handover within all mental health units.
- Change the model and duration of ABM training for all mental health staff to ensure currency and suitability of staff to work within the mental health environment.
- Implement a changed model of canteen pricing at The Park, ie charging rates to consumers, staff and visitors and restructure of opening hours.
- Review and improve adherence to the assigning of and collection of residential accommodation fees for consumers.

The efficiency and practice changes and the aforementioned changes in 5.2 and 5.3 will occur in keeping with the following transition principles.

- | | |
|---------------------|--|
| 1. Alignment | There will be a clear line of sight between the objectives to be achieved by the Division and the functions performed. |
| 2. Articulation | Functions are defined and described, then articulated into the activities required for the Division to perform its role. |
| 3. Clarity | The role of each program area, individual unit and individual will be clearly defined. |
| 4. Outcomes | The outcomes required will be defined and measured against agreed performance indicators. |
| 5. Accountabilities | Performance will be regularly reviewed to ensure deliverables are being achieved. |
| 6. Quality | We will embrace a quality management approach to how we do business. |

6.0 Scope of Change**6.1 Potential impact of Initiative**

This business case for change identifies a revised overarching organisational structure to promote the delivery of contemporary mental health and specialised services. In realising the efficient use of affordable resources, and as indicated in sections 5.2 and 5.3 there will be an impact on:

- some existing roles and responsibilities and

- some current systems and processes across the whole of MH&SS.

Within MH&SS it is proposed that:

- as outlined in section 5.2, some senior positions will have a change to the portfolios of service components for which they will be accountable and
- some clinical and non clinical staff will be displaced from positions and require placement or redundancy.

The following dependencies have and will continue to be taken in to account in determining the final organisational structure and skill mix for MH&SS:

- The *Queensland Plan for Mental Health 2007-2017*
Implications for WMHHS include:
 - Determining the future model of care to replace services provided by Barrett Adolescent Centre.
 - The closure of remaining Extended Treatment and Rehabilitation beds located at The Park to move to a community care unit.
 - The increase in High Security Inpatient beds (ie EFTRU)
- National Standards for Mental Health Services
- WMHHS Service Agreement deliverables
- Available and affordable budget and FTEs for WMHHS
- Relevant contemporary reviews, recommendations, implementation plans aligned to future service delivery across MH&SS
- Review of work areas as detailed in sections 5.2 and 5.3.

6.2 Staffing impacts

As stated, it is proposed to achieve a single integrated organisational structure for MH&SS.

It is proposed to minimise staff impacts by:

- Clarifying revised roles, responsibilities and accountabilities in a timely manner
- Ensuring due diligence occurs to ensure business critical impacts are identified (eg employee liabilities, system deficiencies, impacts on voluntary redundancies)
- Maintaining business continuity through transition and
- Developing operating protocols to meet new systems and processes

Detailed summaries of findings particularly in relation to section 5.3 will be provided to affected staff as required.

The following table outlines the proposed implementation process and timeframes.

Activity	Timeframe – week beginning					
	7/1/13	14/1/13	21/1/13	28/1/13	4/2/13	11/2/13
EDMH&SS to formally commence consultation on Division structure with staff and unions	X					
Business case endorsement by Chief Executive, WMHHS	X					
Release Business Case to Staff and other Stakeholders	X					
Industrial Consultation	X					
Confirmation of high level structure for MH&SS and announcement of leadership team (including interim and acting)		X				
Ongoing review of components of MH&SS	X	X	X	X		
Identification of additional components of MH&SS that would benefit from review		X	X	X		

Activity	Timeframe – week beginning					
	7/1/13	14/1/13	21/1/13	28/1/13	4/2/13	11/2/13
Ongoing consultation with staff regarding implementation		X	X	X	X	X
Recommendation regarding final skill mix and FTEs across MH&SS			X	X		
Develop detailed transition plan to manage HR and change issues		X	X	X		
Advise staff of any individual impact		X	X	X		
Commence employee movements as required following matching process			X	X		
Commence managing surplus staff as required				X		
Continue implementation of detailed transition plans				X	X	X

Any positional changes across the MH&SS will require the matching of eligible permanent staff in the current MH&SS to new roles.

For permanent staff impacted because their positions are no longer required, *Public Sector Commission Directives 11/12 Early Retirement, Redundancy and Retrenchment and 06/12 Employees Requiring Placement* will apply and will be followed.

6.3 Process for matching staff

An eligible permanent employee will be considered suitable for a role at level if they have the skills and abilities necessary to meet the requirements of the role to a satisfactory level, given a reasonable period of training and on-the-job experience and are fit to undertake the role with reasonable adjustment, if required.

A matching process will be developed in consultation with staff and their union delegates and will be consistent with the WMHHS's industrial obligations and whole of government requirements.

7.0 Evaluation

The aim of this change process is to ensure the MH&SS' structure will functionally and structurally align to achieve its objectives, and those of the broader WMHHS.

Measures for evaluation include:

- Level of staff participation in information sessions, meetings and forums
- Volume and content of comments through the WM connect email address
- Business continues to be performed within expected timeframes and standards
- Achievement of risk impact strategies for each key success criteria in the High Level Transition Plan (Appendix 4).
- Achievement of performance indicators in the MH&SS operational plans.

8.0 Benefits

WMHHS is a growing and complex organisation facing many immediate challenges over the next few years. The MH&SS has an opportunity to create new organisational structure that will promote contemporary models of care, align with mental health policy direction and achieve necessary efficiencies across both human and financial resources.

9.0 Costs

The cost of the change in roles and functions will be met from within the allocated budget for the MH&SS. It is anticipated that a number of efficiencies will be gained from the implementation of this business case and from other associated service reviews. The total quantum of these efficiencies is yet to be finalised.

10.0 Sensitivities and Risks

A number of sensitivities and risks have been identified. Transitional sensitivities and risks specific to the MH&SS are included in Appendix 4 – High Level Transition Plan. The High Level Transition plan addresses:

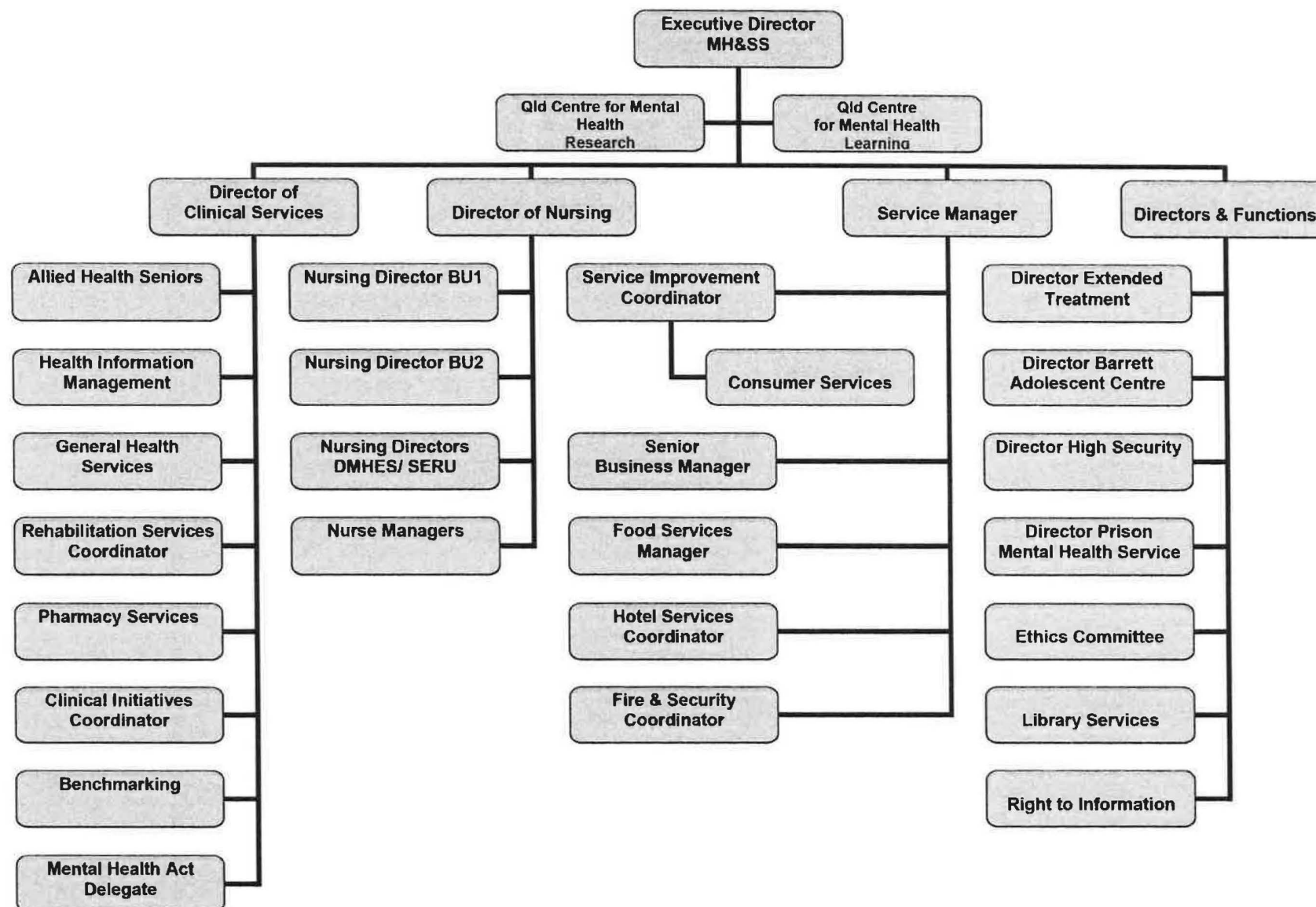
- Transition Principles
- Implementation Schedule
- Key Success Criteria and Implementation Risks and a
- Communication and Engagement Plan.

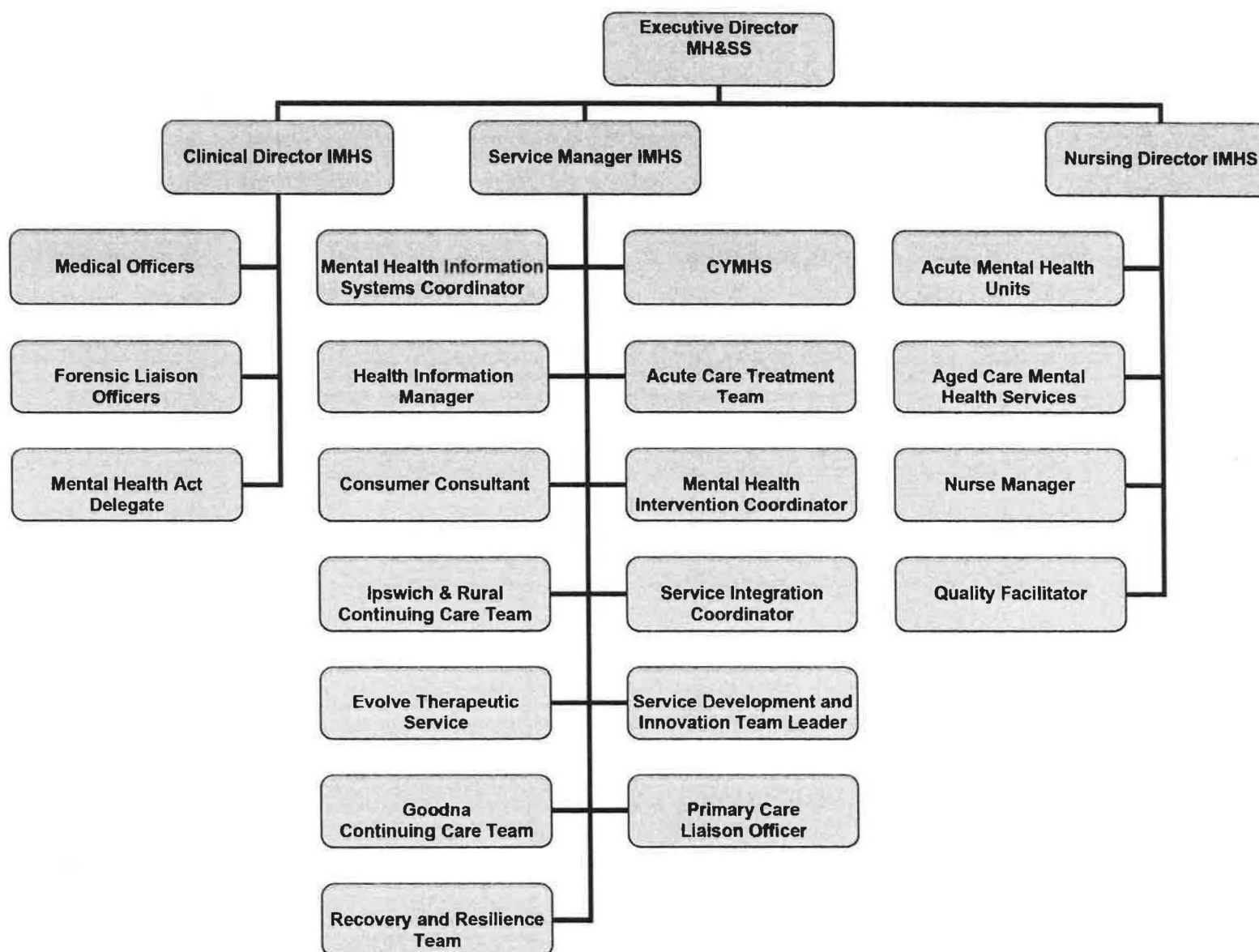
11.0 Recommendation

It is recommended that the MH&SS Division be formed according to the proposed high level organisational design and that the associated examination of further benefits to be achieved be implemented. It is further recommended that the Transition Plan be implemented to guide organisational change.

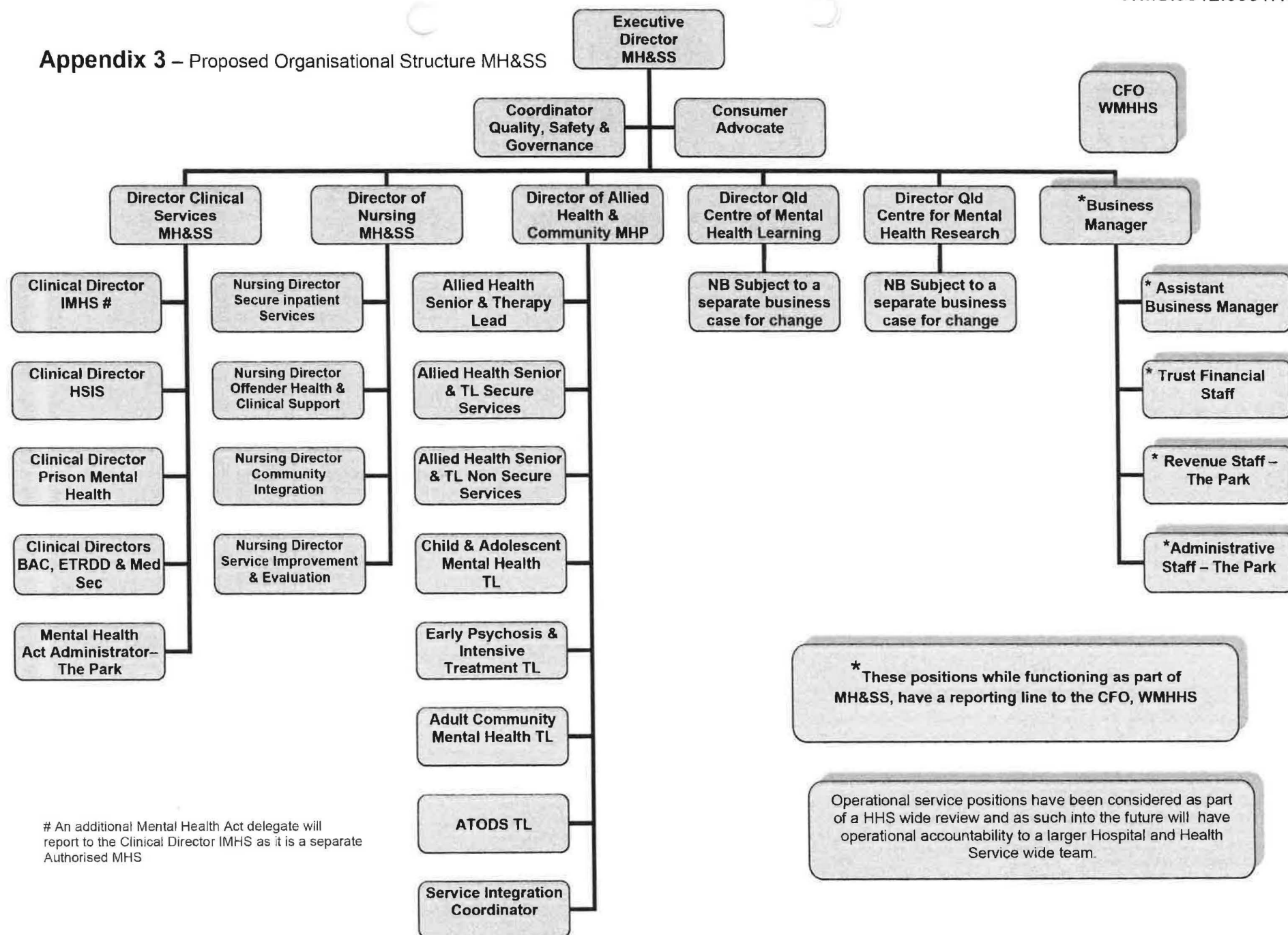
It is recommended that the changes to operational structure be implemented from February 18th 2013.

Appendix 1 – Current Organisational Structure – The Park Centre for Mental Health



Appendix 2 – Current Organisational Structure IMHS

Appendix 3 – Proposed Organisational Structure MH&SS



Appendix 4- High Level Transition Plan

1.0 Transition Principles

- | | |
|---------------------|--|
| 1. Alignment | There will be a clear line of sight between the objectives to be achieved by the Division and the functions performed. |
| 2. Articulation | Functions are defined and described, then articulated into the activities required for the Division to perform its role. |
| 3. Clarity | The role of each program area, individual unit and individual will be clearly defined. |
| 4. Outcomes | The outcomes required will be defined and measured against agreed performance indicators. |
| 5. Accountabilities | Performance will be regularly reviewed to ensure deliverables are being achieved. |
| 6. Quality | We will embrace a quality management approach to how we do business. |

2.0 Implementation Schedule

Activity	Timeframe – week beginning					
	7/1/13	14/1/13	21/1/13	28/1/13	4/2/13	11/2/13
EDMH&SS to formally commence consultation on Division structure with staff and unions	X					
Business case endorsement by Chief Executive, WMHHS	X					
Release Business Case to Staff and other Stakeholders	X					
Industrial Consultation	X					
Confirmation of high level structure for MH&SS and announcement of leadership team (including interim and acting)		X				
Ongoing review of components of MH&SS	X	X	X	X		
Identification of additional components of MH&SS that would benefit from review		X	X	X		
Ongoing consultation with staff regarding implementation		X	X	X	X	X
Recommendation regarding final skill mix and FTEs across MH&SS			X	X		
Develop detailed transition plan to manage HR and change issues		X	X	X		
Advise staff of any individual impact		X	X	X		
Commence employee movements as required following matching process			X	X		
Commence managing surplus staff as required				X		
Continue implementation of detailed transition plans				X	X	X

3.0 Key Success Criteria and Implementation Risks

Key Success Criteria	Risk	Risk Cause	Risk Impact	Risk Impact
MH&SS has a clear vision and values	Vision and values are not known and / or unclear	Vision and values not clearly defined and / or communicated	Required change is not realised and desired behaviours not observed	Communication materials incorporate the vision where appropriate and ensure the vision cascades
				Values are defined in behavioural terms meaning they are observable, tangible and measurable
				Desired values are embraced and championed by leaders throughout the transition process
				Objectives and behaviours are reflected in PADs and other performance agreements
				Employees are held to account for delivering promised performance and demonstrating behaviour in accordance with values
Organisational design is fit for purpose	Required outputs and outcomes not realised - including expected benefits revised structure	Organisational design not fit for purpose and/or 'old' behaviours inhibit ability to embrace new role and accountabilities	Failure to achieve strategic objectives for WMHHS, poor performance across the system	MH&SS outcomes, outputs and role clearly defined and communicated to internal and external stakeholders
				Engage staff to identify and remove/change 'old' behaviours and functions
				Existing key outputs and work plans analysed and aligned with new functions prior to confirming new structure
				Ensure organisational design follows function wherever practicable

Stakeholder expectations are anticipated and managed	Stakeholders complain that expectations not met	Poor communication with, engagement and management of stakeholders throughout transition process	Complaints, negative media, industrial disputes, low levels of stakeholder acceptance of change	Complete thorough stakeholder analysis
				Develop, implement and monitor stakeholder engagement plan
Employees have the required capability and capacity to achieve objectives	Required outputs and outcomes not realised - including expected benefits of a revised structure	Insufficient skilled resources available or not placed where most needed	Outcomes and outputs either delayed, not delivered or not to the required standard	Following confirmation structure undertake detailed capability / capacity mapping to identify critical gaps/vulnerabilities
				Detailed transition plan confirms critical short term gaps and how they will be met
				Develop, implement and monitor implementation of staff development plan
				Incorporate development priorities in relevant staff PADs and monitor progress in addressing critical gaps
All applicable employment related obligations are met	Dispute lodged in Industrial Relations Commission or Appeal with Public Service Commission	Breach of obligations, failure to follow required processes	Industrial disputation, appeals or protracted consultation stops or delays transition	Ensure all leadership team are aware of and follow minimum obligations and required change processes
				Assign responsibility to a central point in the service to monitor whether obligations are being met and to seek clarification of requirements as needed
				Provide regular update to required consultative forums as well as via Divisional staff forums/newsletters
				Communication plan and engagement strategy developed and implemented
Roles, responsibilities and accountabilities clearly understood by	Critical incident/s	System of governance including committee roles, job descriptions, performance	Poor performance, tension between work areas, lack of ownership of	Roles, responsibilities and accountabilities clearly defined at the Service, Unit and position levels

all employees		and development plans do not clearly define roles, responsibilities and required outcomes	critical issues/outputs	Accountabilities cascaded down through the service to individual employee level
				Staff feedback is provided and follow up actions agreed and monitored where roles and responsibilities not being performed as required
Business continuity maintained	Activities fail or are disrupted by transition	Lack of adequate management focus on critical activities, inadequate resourcing of critical activities	Damage to reputation, loss of funding, breach of legislative obligations, flow on impacts resulting in poor performance across the system	Detailed transition plan clearly identifies critical business as usual activities and assigns accountability for monitoring progress and accountability for achievement (different Officers)
				Detailed transition plan includes strategies to retain and transfer tacit knowledge needed to ensure business continuity
Required resources (FTE, Assets, Budget) maintained	Unable to deliver required outcomes/outputs or operate with a budget deficit	Poor due diligence in relation to the reconciliation of FTE, Assets and Budget	Damage to reputation, loss of funding, breach of legislative obligations, flow on impacts resulting in poor performance across the system	Functions changing identified and due diligence of associated resources completed
				Required FTE positions transferred or abolished as required
				Review, create and / or transfer required cost centres and associated budget
				Stocktake of assets undertaken and transferred as applicable

4.0 Communication and Engagement Plan

Communication objectives

- Ensure stakeholders understand the vision and objectives of WMHHS.
- Promote contemporary models of care that ensure sustainability and quality of service.
- Gain and sustain support of key stakeholders and influencers.
- Use existing effective communication channels and forums to deliver key communication wherever possible.
- Devise new communication channels and forums to deliver key communication where possible.
- Encourage effective communication and feedback from stakeholders.
- Manage expectations and reduce negative or speculative information.

Communication principles

- Communication with all stakeholders is based on honesty and transparency
- Information is easily accessed by all stakeholders
- Communication is responsive and flexible to stakeholder feedback
- Speaks with 'one voice' to stakeholders

Communication environment

West Moreton Hospital and Health Service has undergone significant change in 2012, with the implementation of health reform. This has been coupled with the need for fiscal repair across the Queensland Public Service. During this period, the community's expectation of deliverables from WMHHS has increased. As a result, staff morale and the public image of public health care in Queensland has decreased. WMHHS is striving to improve this image while also searching for new ways to deliver services to its community. These services must be delivered in a new and innovative ways to ensure sustainability – both financially and for the longevity of service provision.

Stakeholder groups*Internal stakeholders:*

- WMHHS Board, Executive and Senior Management Team
- WMHHS staff
- Health Minister and key advisors
- Queensland Health Director-General, Deputy Directors-General and Executive Directors
- Senior Heads of Department

External stakeholders:

- The Premier
- Media
- General public
- Broader health professionals including GPs
- Australian Medical Association
- Members of Parliament
- Opposition parties
- Relevant unions
- Professional colleges

Key messages

- Hospital and Health Services have been charged with finding innovative ways to deliver improved patient care across Queensland.
 - For too long delivery of mental health services in WMHHS has been a disparate set of functions. It's time to deliver one, single service that meets the needs of the community.
 - To help us achieve this we will be appointing a new leadership structure for WM MH&SS.
 - We need to redesign our services to ensure the right care is provided to patients, in the right place, and at the right time.
 - We are working better together to provide the best health care possible

- Patient and family-centred care is fundamental to WMHHS
- We want WMHHS to continue as a leader in health care.
- WMHHS is not immune to the financial pressures and challenges faced across the Queensland Public Service.
 - We must reduce waste by cutting duplication.
 - WMHHS strives to deliver contemporary models of care that are sustainable now and into the future.
 - WMHHS values its staff members and we will support any staff member who wishes to take a voluntary redundancy.
 - Decision-making occurs at the local level wherever possible.
 - Open, transparent communication is part of WMHHS culture

Communication Tactics

Channel/tactic	Rationale
Online and digital communication	
Intranet (new web pages and FAQs)	Low cost and a central repository for all project/program related information.
Internal communications	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
Memos / letters and email to networks	Top down communications from CE to line managers with instruction for line managers to disseminate information about redesign and reform.
Briefing note to Health Minister and System Manager	Bottom up communications on key information (changes and updates) for noting or approval
Face-to-face	
Internal stakeholder briefings / meetings	One-on-one engagement with line managers / senior staff, Health Minister
External stakeholders - Unions	Undertake a consultative approach to ensure messages align with expectations and gain support
Media	
Media statements	Respond to queries or hold media conferences as required
Media conferences	

"LMD-6"

From: Sharon Kelly
Sent: 6 Aug 2013 21:05:51 +1000
To: Sharon Kelly
Bcc: Lorraine Dowell
Subject: announcement of progression regarding Barrett Adolescent Strategy
Attachments: WMHHS-CHQ BAC 130805.pdf, FAQ BAC.pdf, Expert Clinical Reference Group Recommendations July 2013.pdf

Good evening,
I wish to provide you with further information in regards to the progression of the Barrett Adolescent Strategy.

The West Moreton Hospital and Health Board considered the documentation put forward by the Planning Group in May 2013 and all seven recommendations made by the Expert Clinical Reference Group (ECRG) with the additional comments from the planning group were accepted. Further key stakeholder consultation was then conducted with the Department of Health, the Queensland Mental Health Commissioner, the Department of Education Training and Employment, and Children's Health Queensland.

The work of the ECRG, the Planning Group and the subsequent consultation process has enabled us to progress the Strategy to the next phase. As identified in an announcement today, adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.

Importantly, our goal in West Moreton Hospital and Health Service continues to be to ensure that adolescents requiring mental health extended treatment and rehabilitation will receive the most appropriate care for their individual needs. We will also continue to provide information and support as needed to staff at the Barrett Adolescent Centre. The transition process will be managed carefully to ensure that there is no gap to service provision.

For further information about Barrett Adolescent Centre and the planning for new statewide service options in adolescent mental health extended treatment and rehabilitation, please find attached a media statement, a copy of the ECRG recommendations submitted to the West Moreton Hospital and Health Board, and a FAQ sheet.

If you have any further queries, please do not hesitate to contact me on

Regards
Sharon
Sharon Kelly
Executive Director
Mental Health and Specialised Services

West Moreton Hospital and Health Service

T: [REDACTED]

E: [REDACTED]

The Park - Centre for Mental Health
Administration Building, Cnr Ellerton Drive and Wolston Park Road, Wacol,
Qld 4076
Locked Bag 500, Sumner Park BC, Qld 4074

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Executive Director
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www.health.qld.gov.au

West Moreton Hospital and Health Service
Children's Health Queensland Hospital and Health Service

Media Statement



**Queensland
Government**

6 August 2013

Statewide focus on adolescent mental health

Statewide governance around mental health extended treatment and rehabilitation for adolescents will be moving to Children's Health Queensland.

West Moreton Hospital and Health Service Chief Executive Lesley Dwyer and Children's Health Queensland Chief Executive Dr Peter Steer today said adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

Ms Dwyer said the young people who were receiving care from Barrett Adolescent Centre at that time, would be supported to transition to other contemporary care options that best meet their individual needs.

She said West Moreton Hospital and Health Service had heard the voices of staff, consumers and their families, and engaged an expert clinical reference group over the past eight months.

"After taking into consideration the recommendations of the expert clinical reference group and a range of other key issues in national and state mental health service delivery, the West Moreton Hospital and Health Board determined that the Barrett Adolescent Centre is no longer an appropriate model of care for these young people," Ms Dwyer said.

"The board also determined that a number of alternative models will be explored over the coming months under the leadership of Children's Health Queensland.

"It is important to put the safety and individual mental health needs of these adolescents first by providing the most contemporary care options available to us in the most suitable environment.

"It is time for a new statewide model of care. We are also striving to provide services closer to home for these young people, so they can be nearer to their families and social networks," Ms Dwyer said.

Dr Steer said as part of its statewide role to provide healthcare for Queensland's children, Children's Health Queensland would provide the governance for any new model of care.

"This means that we will work closely with West Moreton HHS as well as other hospital and health services and non-government agencies to ensure there are new service options in place by early 2014," Dr Steer said.

"This model of care may include both inpatient and community care components.

"Understanding what options are needed has already begun with the work of the expert clinical reference group, and now we can progress this further and implement the best options for these young people," he said.

"This is a positive step forward for adolescent mental health care in this state," Dr Steer said.

To view the expert clinical reference group recommendations visit
<http://www.health.qld.gov.au/westmoreton/html/bac/>

ENDS

Media contact:

West Moreton Hospital and Health Service – [REDACTED]
Children's Health Queensland - [REDACTED]

West Moreton Hospital and Health Service
Children's Health Queensland Hospital and Health Service

Media Statement



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"After taking into consideration the recommendations of the expert clinical reference group and a range of other key issues in national and state mental health service delivery, the West Moreton Hospital and Health Board determined that the Barrett Adolescent Centre is no longer an appropriate model of care for these young people," Ms Dwyer said.

"The board also determined that a number of alternative models will be explored over the coming months under the leadership of Children's Health Queensland.

"It is important to put the safety and individual mental health needs of these adolescents first by providing the most contemporary care options available to us in the most suitable environment.

"It is time for a new statewide model of care. We are also striving to provide services closer to home for these young people, so they can be nearer to their families and social networks," Ms Dwyer said.

Dr Steer said as part of its statewide role to provide healthcare for Queensland's children, Children's Health Queensland would provide the governance for any new model of care.

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"This means that we will work closely with West Moreton HHS as well as other hospital and health services and non-government agencies to ensure there are new service options in place by early 2014," Dr Steer said.

"This model of care may include both inpatient and community care components.

"Understanding what options are needed has already begun with the work of the expert clinical reference group, and now we can progress this further and implement the best options for these young people," he said.

"This is a positive step forward for adolescent mental health care in this state," Dr Steer said.

To view the expert clinical reference group recommendations visit
<http://www.health.qld.gov.au/westmoreton/html/bac/>

ENDS

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