

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



**Queensland
Government**

What is the Barrett Adolescent Centre (BAC)?

Barrett Adolescent Centre is a 15-bed inpatient service for adolescents requiring longer term mental health treatment. It is currently located within The Park – Centre for Mental Health campus. The Park will be a secure forensic adult mental health facility that provides acute and rehabilitation services by December 2013.

This ongoing redevelopment at The Park means this is no longer a suitable place for adolescents with complex mental health needs.

What is happening to BAC?

Barrett Adolescent Centre will continue to provide care to young people until suitable service options have been determined. We anticipate adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

An expert clinical reference group has determined that adolescents require specialised and appropriate care options where they can be as close as possible to their community, families and support systems. West Moreton Hospital and Health Service will work closely with hospital and health services across the state, as well as other mental health care providers to ensure appropriate care plans are in place for all adolescents who require care.

We will also work together with the community and mental health consumers to ensure their needs are met.

Who was in the expert clinical reference group?

Members of the expert clinical reference group comprised adolescent mental health experts from Queensland and interstate, a former BAC consumer and the parent of a current BAC consumer.

What will happen to the consumers currently being treated at BAC?

West Moreton Hospital and Health Service is committed to ensuring no adolescent goes without the expert mental health care they require. The goal is to ensure our youth are cared for in an environment that is best suited for them. It is in the best interests of young people that they are not cared for in the same environment as adult mental health consumers who require high secure care.

Care coordinators and clinicians will work closely with the consumers, families and services to ensure that the appropriate care and support is provided for them.

What happens if there are not enough spaces for young people in other services?

The implementation group will consider all the available services and any extra services that might be required to support this particular group of adolescents.

What will happen to the young people currently waiting for a place in BAC?

Each individual adolescent that has been referred to the BAC and is currently on the waiting list for care will be considered on an individual basis. Clinicians will work with local and statewide services to determine how their needs can be best met in a timely manner.

How can the Queensland Government know this is the best option for the young people of the state?

This decision has been carefully considered and the recommendations made by an expert clinical reference group. The expert clinical reference group considered a range of options and recommended a number of strategies to better support the adolescent needs. These strategies will include both inpatient and community based services.

What is the process, and how long will it take, to transfer the existing consumers to other services or facilities?

The governance of the adolescent mental health service has been handed to the Children's Health Queensland Hospital and Health Service and an implementation group will progress the next step. This group will use the expert clinical reference group recommendations, and broader consultation, to identify and develop the service options.

We anticipate that some of those options will be available by early 2014.

Is this a cost cutting exercise?

No, this is about the safety and wellbeing of young Queenslanders in need of mental health support services and treatment. The Queensland Government has committed a further \$2 million dollars to support the new models of care and services.

What happens to the funding previously allocated to BAC?

Funding that would have been allocated to BAC will be dispersed appropriately to the organisations providing the new services or treatment as part of the implementation group decision making.

Will jobs be lost?

West Moreton Hospital and Health Service will work closely with each individual staff member who is affected to identify options available to them. The hospital and health service is committed to following appropriate human resource processes.

What about the education services?

The Department of Education, Training and Employment is committed to continuing education plans for all BAC consumers.

How can I contribute to the implementation process?

The implementation group will include on their membership a range of stakeholders inclusive of families, carers and consumers. As the strategies are developed ongoing consultation will occur to ensure the best possible care for our adolescents in the most appropriate setting.

EXHIBIT 47

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



**Queensland
Government**

What is the Barrett Adolescent Centre (BAC)?

Barrett Adolescent Centre is a 15-bed inpatient service for adolescents requiring longer term mental health treatment. It is currently located within The Park – Centre for Mental Health campus. The Park will be a secure forensic adult mental health facility that provides acute and rehabilitation services by December 2013.

This ongoing redevelopment at The Park means this is no longer a suitable place for adolescents with complex mental health needs.

What is happening to BAC?

Barrett Adolescent Centre will continue to provide care to young people until suitable service options have been determined. We anticipate adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

An expert clinical reference group has determined that adolescents require specialised and appropriate care options where they can be as close as possible to their community, families and support systems. West Moreton Hospital and Health Service will work closely with hospital and health services across the state, as well as other mental health care providers to ensure appropriate care plans are in place for all adolescents who require care.

We will also work together with the community and mental health consumers to ensure their needs are met.

Who was in the expert clinical reference group?

Members of the expert clinical reference group comprised adolescent mental health experts from Queensland and interstate, a former BAC consumer and the parent of a current BAC consumer.

What will happen to the consumers currently being treated at BAC?

West Moreton Hospital and Health Service is committed to ensuring no adolescent goes without the expert mental health care they require. The goal is to ensure our youth are cared for in an environment that is best suited for them. It is in the best interests of young people that they are not cared for in the same environment as adult mental health consumers who require high secure care.

Care coordinators and clinicians will work closely with the consumers, families and services to ensure that the appropriate care and support is provided for them.

What happens if there are not enough spaces for young people in other services?

The implementation group will consider all the available services and any extra services that might be required to support this particular group of adolescents.

What will happen to the young people currently waiting for a place in BAC?

Each individual adolescent that has been referred to the BAC and is currently on the waiting list for care will be considered on an individual basis. Clinicians will work with local and statewide services to determine how their needs can be best met in a timely manner.

How can the Queensland Government know this is the best option for the young people of the state?

EXHIBIT 47

This decision has been carefully considered and the recommendations made by an expert clinical reference group. The expert clinical reference group considered a range of options and recommended a number of strategies to better support the adolescent needs. These strategies will include both inpatient and community based services.

What is the process, and how long will it take, to transfer the existing consumers to other services or facilities?

The governance of the adolescent mental health service has been handed to the Children's Health Queensland Hospital and Health Service and an implementation group will progress the next step. This group will use the expert clinical reference group recommendations, and broader consultation, to identify and develop the service options.

We anticipate that some of those options will be available by early 2014.

Is this a cost cutting exercise?

No, this is about the safety and wellbeing of young Queenslanders in need of mental health support services and treatment. The Queensland Government has committed a further \$2 million dollars to support the new models of care and services.

What happens to the funding previously allocated to BAC?

Funding that would have been allocated to BAC will be dispersed appropriately to the organisations providing the new services or treatment as part of the implementation group decision making.

Will jobs be lost?

West Moreton Hospital and Health Service will work closely with each individual staff member who is affected to identify options available to them. The hospital and health service is committed to following appropriate human resource processes.

What about the education services?

The Department of Education, Training and Employment is committed to continuing education plans for all BAC consumers.

How can I contribute to the implementation process?

The implementation group will include on their membership a range of stakeholders inclusive of families, carers and consumers. As the strategies are developed ongoing consultation will occur to ensure the best possible care for our adolescents in the most appropriate setting.

West Moreton Hospital and Health Service

Expert Clinical Reference Group Recommendations Barrett Adolescent Strategy July 2013

Adolescent Extended Treatment and Rehabilitation Services (AETRS) Recommendations Submitted to the West Moreton Hospital and Health Board

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

ECRG Recommendations	Planning Group Recommendations
a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.	Accept with the following considerations. The responsibility for this task at a statewide level sits with the Mental Health Alcohol and Other Drugs Branch and the Children's Health Services. A collaborative partnership is proposed.
b) Formal planning including consultation with stakeholder groups will be required.	Accept with the following considerations. This body of work should be incorporated into the statewide planning and implementation process (as above).

2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component

ECRG Recommendation	Planning Group Recommendation
a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.	Accept with the following considerations. Further work is needed to detail the service model for a Tier 3. Models involving a statewide, clinical bed-based service (such as the Barrett Adolescent Centre) are not considered contemporary within the National Mental Health Service Planning Framework (<i>in draft</i>). However, there are alternative bed-based models involving clinical and non-clinical service components (e.g., Y-PARC in Victoria) that can be developed in

ECRG Recommendation	Planning Group Recommendation
	Queensland to meet the requirement of this recommendation. Contestability reforms in Queensland may allow for this service component to be provider agnostic.

3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk

ECRG Recommendations	Planning Group Recommendations
a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.	Accept.
b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.	Accept with the following considerations. While this may be a complex process for some consumers and their individual needs, it was noted that this course of action could start immediately, and that it was feasible. The potential to utilise current BAC operational funds (temporarily) to 'wrap-around' each consumer's return to their local community was noted as a significant benefit. The relevant local community should play a lead role in the discharge of the consumer from BAC and their return to home. The local services need to be consulted around their ability to provide 'wrap-around' care.
c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.	Accept. The ECRG and the Planning Group strongly supported this recommendation.

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
<p>a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.</p>	<p>Accept with the following considerations.</p> <p>This issue requires further deliberation within the statewide planning process.</p> <p>The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer.</p>

5. Education resource essential: on-site school for Tiers 2 and 3

ECRG Recommendations	Planning Group Recommendations
<p>a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.</p>	<p>Accept with the following considerations.</p> <p>The Planning Group recommends removing "Band 7" from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity.</p> <p>The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services.</p> <p>The Planning Group recommends consultation with DETE once a statewide model is finalised.</p>

ECRG Recommendations	Planning Group Recommendations
b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).	<p>Accept with the following consideration.</p> <p>The Planning Group recommends this statement should be changed to read as:</p> <p>Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).</p>

6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration

ECRG Recommendations	Planning Group Recommendations
a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.	<p>Accept with the following consideration.</p> <p>Note that this service could be provider agnostic.</p>
b) Governance should remain with the local CYMHS or treating mental health team.	Accept.
c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.	Accept.

7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)

ECRG Recommendations	Planning Group Recommendations
a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.	Accept.
b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.	Accept.

This page has been left blank intentionally.

West Moreton Hospital and Health Service

Expert Clinical Reference Group Recommendations Barrett Adolescent Strategy July 2013

Adolescent Extended Treatment and Rehabilitation Services (AETRS) Recommendations Submitted to the West Moreton Hospital and Health Board

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

ECRG Recommendations	Planning Group Recommendations
a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.	Accept with the following considerations. The responsibility for this task at a statewide level sits with the Mental Health Alcohol and Other Drugs Branch and the Children's Health Services. A collaborative partnership is proposed.
b) Formal planning including consultation with stakeholder groups will be required.	Accept with the following considerations. This body of work should be incorporated into the statewide planning and implementation process (as above).

2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component

ECRG Recommendation	Planning Group Recommendation
a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.	Accept with the following considerations. Further work is needed to detail the service model for a Tier 3. Models involving a statewide, clinical bed-based service (such as the Barrett Adolescent Centre) are not considered contemporary within the National Mental Health Service Planning Framework (<i>in draft</i>). However, there are alternative bed-based models involving clinical and non-clinical service components (e.g., Y-PARC in Victoria) that can be developed in

ECRG Recommendation	Planning Group Recommendation
	<p>Queensland to meet the requirement of this recommendation.</p> <p>Contestability reforms in Queensland may allow for this service component to be provider agnostic.</p>

3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk

ECRG Recommendations	Planning Group Recommendations
a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.	Accept.
b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.	<p>Accept with the following considerations.</p> <p>While this may be a complex process for some consumers and their individual needs, it was noted that this course of action could start immediately, and that it was feasible. The potential to utilise current BAC operational funds (temporarily) to 'wrap-around' each consumer's return to their local community was noted as a significant benefit.</p> <p>The relevant local community should play a lead role in the discharge of the consumer from BAC and their return to home. The local services need to be consulted around their ability to provide 'wrap-around' care.</p>
c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.	<p>Accept.</p> <p>The ECRG and the Planning Group strongly supported this recommendation.</p>

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
<p>a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.</p>	<p>Accept with the following considerations.</p> <p>This issue requires further deliberation within the statewide planning process.</p> <p>The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer.</p>

5. Education resource essential: on-site school for Tiers 2 and 3

ECRG Recommendations	Planning Group Recommendations
<p>a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.</p>	<p>Accept with the following considerations.</p> <p>The Planning Group recommends removing "<i>Band 7</i>" from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity.</p> <p>The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services.</p> <p>The Planning Group recommends consultation with DETE once a statewide model is finalised.</p>

ECRG Recommendations	Planning Group Recommendations
b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).	<p>Accept with the following consideration.</p> <p>The Planning Group recommends this statement should be changed to read as:</p> <p>Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).</p>

6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration

ECRG Recommendations	Planning Group Recommendations
a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.	<p>Accept with the following consideration.</p> <p>Note that this service could be provider agnostic.</p>
b) Governance should remain with the local CYMHS or treating mental health team.	Accept.
c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.	Accept.

7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)

ECRG Recommendations	Planning Group Recommendations
a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.	Accept.
b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.	Accept.

This page has been left blank intentionally.

Terms of Reference

Statewide Adolescent Extended Treatment and Rehabilitation (SW AETR) Financial and Workforce Planning Transition Working Group

1. Purpose

The purpose of the SW AETR Financial and Workforce Planning Working Group is to ensure effective workforce planning management, and the redistribution of adolescent mental health service operational funds and resources to the Children's Health Queensland (CHQ) HHS with regard to future SW AETR service options.

2. Guiding principles

- The Health Services Act 1991
- Fourth National Mental Health Plan
- Queensland Plan for Mental Health 2007-2017
- Mental Health Act 2000

3. Functions

The functions and objectives of the SW AETR Financial and Workforce Planning Working Group include:

- ~~Develop a Workforce Strategy for BAC staff (excluding DETE staff).~~
- Facilitate expert discussion from stakeholders to develop a workforce plan regarding workforce planning and transition of future SW AETR service options to for to be governed by CHQ HHS.
- ~~Identify and define the funding sources for adolescent mental health services, including BAC operational funding, in a Current State Financial Report.~~
- In collaboration with the SW AETR Service Options Implementation Working Group, identify and define the funding sources for the new model of adolescent mental health services, in a Future State Financial Report.
- Develop a Transition Plan for the redistribution allocation of funding and resources to the CHQ HHS.
- ~~Develop a Communication Plan for BAC staff, and other stakeholders.~~
- Prepare and provide fortnightly Status Reports to the SW AETR Steering Committee, or as required.
- Manage risks associated with the transition of AETR services to CHQ HHS, and escalate where resolution is required to successfully transition consumers.
- Provide the Secretariat with information regarding risks, as they arise, for recording and management in the Project Risk Register.

4. Authority

Members are individually accountable for their delegated responsibility, and collectively responsible to contribute to recommendations to the SW AETR Steering Committee.

Decision making capability rests with the Chief Executive and Department of Health Oversight Committee.

5. Frequency of meetings

Meetings will be held on a fortnightly basis, or as required. The Chair may call additional meetings as necessary to address any matters referred to the Working Group, or in respect of matters the Working Group wishes to pursue within the Terms of Reference.

Attendance can be in-person or via teleconference mediums.

The Working Group is life-limited for the duration of development and implementation of SW AETR service options and their transition to CHQ HHS. The Chair will advise Working Group members approximately one month prior to the dissolution of the Working Group.

6. Membership

~~Senior Social Work, West Moreton HHS~~
~~Business Manager~~ Executive Director Finance and Business Services, West Moreton HHS
~~Executive Director~~ Human Resources Director, West Moreton HHS
~~Executive Director, MH&SS, West Moreton HHS~~
~~Finance Director, West Moreton, HHS~~
~~Executive Director, Workforce, West Moreton HHS~~
~~A/Director, Workplace Relations, West Moreton HHS~~
~~Assistant Business Manager, Finance and Administration, MH &SS, West Moreton HHS~~
 Allied Health and Nursing Representative, West Moreton HHS
 2 x Mental Health Alcohol and Other Drugs Branch Representatives
 Senior Director Finance, Children's Health Qld HHS
 Director Clinical Costing, Children's Health Qld HHS
~~Executive Director, People and Culture, Children's Health Qld HHS~~
 Allied Health and Nursing Representative, Children's Health Qld HHS
 Project Manager, SW AETRS, Children's Health Qld HHS
 Project Officer, SW AETRS, West Moreton HHS (as Secretariat)

Chair:

The Working Group will be chaired by ~~To Be Confirmed~~ Finance Director, West Moreton HHS, or their delegate. The delegate must be suitably briefed prior to the meeting and have the authority to make decisions on behalf of the Chair.

Secretariat:

Secretariat support will be provided by the Project Officer, SW AETRS WM HHS, or an alternate officer nominated by the Chair.

Proxies:

Proxies are not accepted for this Working Group, unless special circumstances apply and specific approval is given for each occasion by the Chair.

Other Participants:

The Chair may request external parties to attend a meeting of the Working Group. However, such persons do not assume membership or participate in any decision-making processes of the committee.

7. Quorum

As this is not a decision making group, a quorum is not applicable.

8. Performance and Reporting

The Secretariat is to circulate an Action Register to Working Group members within three business days of each Working Group meeting. Chair will determine the resolution of outstanding action items as they

arise.

The Secretariat will coordinate the endorsement of fortnightly status reports, and other related advice to be provided as required, to the SW AETR Steering Committee.

Members are expected to respond to out of session invitations to comment on reports and other advice within the timeframes outlined by the Secretariat. If no comment is received from a member, it will be assumed that the member has no concerns with the report/advice and it will be taken as endorsed.

9. Confidentiality

Members must acknowledge and act accordingly in their responsibility to maintain confidentiality of all information that is not in the public domain.

10. Risk Management

A proactive approach to risk management will underpin the business of this Working Group. The Working Group will:

- Identify risks and mitigation strategies associated with the development and implementation of SW AETR service options; and
- Implement processes to enable the Working Group to identify, monitor, manage, and escalate critical risks as they relate to the functions of the Working Group.

Document history

Version	Date	Author	Nature of amendment
1.0	18/09/13	Ingrid Adamson	First draft
1.0	19/09/13	Ingrid Adamson	Comments from Deb Miller, A/ED OSM
1.1	24/09/13	Ingrid Adamson	Comments from SW AETR Steering Committee
1.2	18/10/13	Laura Johnson	Comments from West Moreton HHS

Previous versions should be recorded and available for audit.



Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	04/11/2013	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
--------------	------------	--------------	---------	---------------	--

Chair:	Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS)
Secretariat:	SW AETR Project Manager (IA)
Attendees	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Clinical Director CYMHS (EH) Director of Psychology, CHQ HHS (JS)
Teleconferenced	 A/Director Planning & Partnership Unit MHAODB (MK) State Manager Headspace (AC)
Apologies	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM) Operational Manager Alcohol, other Drugs & Campus, Mater (AT)
Observers/ Guests:	

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
	Presentation <ul style="list-style-type: none"> and presented to the Committee. They also distributed some handouts for the Committee's Information After the left, LG advised care planning is underway and that there is no imperative to have children out by 13th December. This date is the end of the school term. LG advised that, if at the end of January, they still have consumers then they will keep the BAC doors open to care for them. 	Distribute handouts provided by parents	IA	8/11
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	LG, EH	
2.4	Statement of achievements <ul style="list-style-type: none"> LG wanted to acknowledge that the two districts are working well together as issues arise and appreciates the collaboration. 	Covered below	Chair	

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
Business				
3.	Business Arising from Previous Meetings			
3.1	Nil			
4.	Matters for Decision			
4.1	Nil			
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> JK has had communication with Lesley van Schoubroeck and she advised that she is receiving questions regarding BAC and asked if it would be ok to distribute the BAC Fact Sheets to her. LG agreed to add her to the distribution list so she receives the latest fact sheets as they are produced. <p>Visit to NSW Walker and Rivendell Units</p> <ul style="list-style-type: none"> JK shared information regarding the recent site visit to NSW. A site visit report will be circulated to the steering committee. RH raised the question: what are the resource differences for NSW families compared with QLD? JK stated further information could be collected on this. EH noted that the discharge experience at BAC has been challenging – not in so far as families not engaging but rather getting them involved in the ongoing management of their child post discharge. It was noted that education is a critical element in this and we need to look at how this is done. For example, Mater and RCH schools are identified as leaders nationally – need to look at what they are doing well. Also need to look at how Education complements the mental health service. <p>Project Staffing Allocation</p> <ul style="list-style-type: none"> Due to time constraints this item was not discussed. 	<p>Add Lesley to distribution list</p> <p>Distribute site visit report</p> <p>Seek further information regarding NSW services</p> <p>Explore education elements as part of service model</p>	<p>LG</p> <p>IA</p> <p>JK/SS</p> <p>SS</p>	<p>8/11</p> <p>18/11</p> <p>18/11</p> <p>Ongoing</p>
6.	Standard Agenda Items			
6.1	<p>Service Options WG Update</p> <ul style="list-style-type: none"> Due to time constraints this item, and the Case Scenario Responses, were not discussed 			
6.2	<p>Clinical Care Transition Panels Update</p> <ul style="list-style-type: none"> LJ briefly covered the Panel Status Report provided to the Committee 			
6.3	<p>Financial and Workforce Planning WG Update</p> <ul style="list-style-type: none"> Noted that agreement was not reached between WM HHS and CHQ HHS regarding the purpose and ToR for the WG. DM noted both HHSs needed to work together to collate current financial information and to inform workforce and financial requirements for future service options. Direction is now sought from the Steering 	Distribute Terms of Reference with comments and WG Minutes to Steering Committee for review	IA	8/11

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	Committee			
6.4	Risk Management <ul style="list-style-type: none"> Nil risks to note 			
6.5	Progress of key milestones and deliverables <ul style="list-style-type: none"> An update on progress will be provided through the Project Gantt Chart at future meetings – still under development 			
6.6	Other Business <ul style="list-style-type: none"> Nil 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> Noted that several interviews have been held with ABC-World Today, including two with parents, one with SS on Wednesday 30th and one with Sharon Kelly on Friday 1st 			
8.	For Information			
8.1	<ul style="list-style-type: none"> It was noted that Sandra Radovini's visit will now take place in mid-December. 			
Next meeting: Monday 18 th November 2013, 9am – 11am, CYMHS Spring Hill.				

ENDORSED BY:

Signature:

Date: /09/13

Name:

Position:

"LMD-9"

From: Michelle Giles
Sent: 16 Oct 2013 08:47:25 +1000
To: Geppert, Leanne;Dowell, Lorraine
Subject: Re: HR and Finance Working Group - BAC

yes Leanne, I think it would be very approp for Lorraine. Lorraine has identified a number of HR issues for which she has approached Kathryn for advice.
I think this is a group which urgently needs to get up and going as the HR issues are upon us already,
Kind Regards
Michelle

Michelle Giles
Director of Allied Health and Community Mental Health
Integrated Mental Health Service

West Moreton Hospital and Health Service



Ipswich Health Plaza
21 Bell Street, Ipswich, QLD 4305
PO Box 878, Ipswich, QLD 4305

www.health.qld.gov.au

>>> Leanne Geppert 15/10/2013 5:40 pm >>>

Hi Michelle and Lorraine

We (WM HHS) are responsible for chairing and delivering on the HR and Finance working group associated with the statewide adolescent extended treatment and rehabilitation project (ie., previously the BAC Strategy).

As you can see with the draft TOR, we would like a WM HHS nursing rep and an allied health rep.

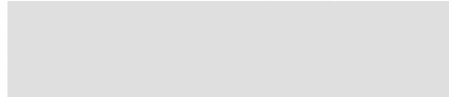
Was wondering if you supported Lorraine being in this role Michelle? - It needs to be a senior staff member who is across BAC staffing issues.

The group will convene asap over the next week or so, but I need to urgently identify the 2 reps.

thanks, Leanne

Dr Leanne Geppert
A/Director of Strategy
Mental Health & Specialised Services

West Moreton Hospital and Health Service



The Park - Centre for Mental Health

Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076
Locked Bag 500, Sumner Park BC, QLD 4074

www.health.qld.gov.au