

*Naotha - These are
draft. Thought you*



Barrett Adolescent Centre Stakeholder Meeting Minutes

*might like to read and
keep on file*

Meeting details:

Title:	Barrett Adolescent Centre Stakeholder Meeting
Date:	15 November 2012
Chairperson:	Lesley Dwyer Chief Executive West Moreton
Minute taker:	Marie Kelly

Attendees:

Name	Representing
Dr Bill Kingswell (in person)	Mental Health Alcohol and Other Drugs Branch
Dr Leanne Geppert Director (in person)	Mental Health Alcohol and Other Drugs Branch
Marie Kelly Manager (in person)	Mental Health Alcohol and Other Drugs Branch
Lesley Dwyer (in person)	West Moreton Hospital and Health Service
Sharon Kelly (in person) Director	West Moreton Hospital and Health Service
Dr Terry Stedman (in person)	West Moreton Hospital and Health Service
Dr Trevor Sadler (in person)	West Moreton Hospital and Health Service
Dr David Hartman (videoconference)	Townsville Hospital and Health Service
Associate Professor Brett McDermott (teleconference)	Metro South Hospital and Health Service/Mater Health Services
Erica Lee (in person) Executive Manager	Metro South Hospital and Health Service/Mater Health Services
Judi Krause (in person) Director	Children's Health Queensland Hospital and Health Service
Dr Ian Williams (in person) Director	Children's Health Queensland Hospital and Health Service
Dr Michelle Fryer (in person)	Gold Coast Hospital and Health Service
Chris Thorburn Director	Service West Moreton
Dr Sean Hatherill (teleconference)	Metro South Hospital and Health Service
Curtis Adler from Barrett	

Apologies:

Name	Representing
Associate Professor Mohan Gilhotra	Mental Health Alcohol and Other Drugs Branch
Dr Shannon March (teleconference)	Darling Downs Hospital and Health Service

Discussion items:

Item	Discussion	Due date
	<p>High Level discussions have commenced with MHAODB and Senior Staff at The Park West regarding Barrett Adolescent Centre (BAC).</p> <ul style="list-style-type: none"> - BAC building is deteriorating structurally because of its age and as a result is buildings safety has come under question. - Issues identified on WMHHS Risk Register re: BAC building <ul style="list-style-type: none"> o Concerns regarding the co-location of non-forensic forensic services at The Park – planning identifying the future of The Park as a forensic site. o Plans to move the current adolescent extended treatment centre and build a new facility at Redlands. 	



	<p>Redlands Adolescent Extended Treatment Unit</p> <ul style="list-style-type: none"> – Capital program has been recently cancelled. – Environmental issues delayed planning process (i.e. tree removal identified as disruptive to the Koala habitat in the area identified as major environmental issue). – Compromise was made to the model of care due to funding constraints. – The funding has now been redirected into other Qld Health projects. <p>Questions to consider in today's meeting:</p> <ol style="list-style-type: none"> 1. What is the model of care 2. What is the future of BAC <ul style="list-style-type: none"> – There has been no firm decision made about the future of the BAC. Views and ideas have been expressed regarding options and timelines. – LD has been copied into communication regarding the future of BAC. The meeting today is to discuss how to move forward from this point. <p>The outline of today's meeting:</p> <ul style="list-style-type: none"> – BK to provide overview and set the context. – SK to discuss next steps – Discussion (whole group). 	
	<p><u>Overview (BK)</u></p> <p>The Burdekin Report (1993) reported that the Wolston Park Hospital housed some of the worst wards in Australia.</p> <p>20 years after this report Queensland is still struggling to achieve de-institutionalisation particularly on the states reliance on institutional care at The Park Centre for Mental Health (formally Wolston Park Hospital) and at Baillie Henderson Hospital in Toowoomba. Many of the identified issues were addressed at The Park in the mid to late 90's. Some centres remained on-site despite a whole-of-government plan to decentralise services, the BAC being one of them.</p> <p>The Queensland Plan for Mental Health 2007-2017 (QPMH) supported the contemporary view that services other than forensic services would move off the site. No replacement plan or alternative policy had been discussed or communicated as an alternate option.</p> <p>The first 4 years of the QPMH plan injected \$634 million into the sector to deliver 146 new beds (270 in total) either by redeveloping existing beds or creating new ones. 17 capital projects have been progressed as part of Stage 1 of the QPMH.</p> <p>Out of the 17 capital projects, 9 projects have been completed, 1 project has been cancelled (Redlands), 1 project has been deferred (secure mental health rehab unit in Townsville), and 6 projects are underway.</p>	



	<p>The Redlands Adolescent Extended Treatment Unit has had multiple delays due to environmental issues/flooding and budget overruns.</p> <p>Considering the issues identified earlier relating to the BAC the focus of discussion should be the appropriate relocation of consumers and how to provide the best outcome for those young people who are currently in care at BAC.</p> <p>The aim of this meeting should be to determine a realistic alternative service to BAC considering the following:</p> <ul style="list-style-type: none"> – Existing funding streams <ul style="list-style-type: none"> ○ Consideration of various funding streams required to make this happen. ○ Non-recurrent funding allocated originally to build the Redlands unit. ○ Identification of existing recurrent funding for the BAC and recurrent and funding allocated through the QPMH to operate the service at Redlands. – Consideration of a model of service if delivery in alternate settings. <p>Currently existing bed stock is operating at 50% occupancy rate. A new adolescent inpatient services is available in Toowoomba (8 beds) and a service in Townsville (6 beds) is being constructed.</p> <p>Options for redirection of funds into existing/expanded services:</p> <ul style="list-style-type: none"> • Expanded day program capacity • Expanded NGO residential sub acute care for adolescents • Other options to be discussed <p>Since the creation of the HHS (1 July 2012), these types of decisions are now the responsibility of the HHS, not the MHAODB.</p> <p><u>Next Steps (LD)</u></p> <p><i>Communication from WMHHS</i></p> <ul style="list-style-type: none"> • Spoke to staff at BAC last Friday (16 November 2012). • Contacted parents and staff letting them know that no decision has been made at this stage however we will keep them informed. <p><i>Next Steps</i></p> <p>LD communicated her role was to consider realistic alternatives that could be presented to the WM HHS board as a way forward.</p> <p>Institute a small time limited “planning group”</p> <ul style="list-style-type: none"> ▪ Proposing Sharon Kelly as lead stakeholder (executive sponsor) ▪ Project Manager and key project brief ▪ Include representation from MHAODB ▪ Include representation from Education ▪ Nominate someone from another HHS (provide objective/alternate view point). 	
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	<ul style="list-style-type: none"> ▪ Engage a communications expert <p>Develop a project plan, articulating some time frames the decision needs to be made with deliberate consideration.</p> <ul style="list-style-type: none"> ▪ Develop a project plan ▪ Identify the timeframes so we can ensure the consultation and communication occurs. ▪ Engage an expert clinical reference group (multidisciplinary) including national experts ▪ Facilitate consultation between the groups to arrive at key decision points ▪ Consider best practice models <p>Develop a clear communication strategy</p> <ul style="list-style-type: none"> ▪ The Sector ▪ Consumers ▪ Family ▪ Staff <p>Decide on role of the Planning Group</p> <ul style="list-style-type: none"> ▪ Develop project plan with strict timeframes and facilitate consultation as appropriate ▪ Develop options paper to submit to WM HHS ▪ Meet urgently to set things in motion <p>Steps Pre-Christmas</p> <ul style="list-style-type: none"> ▪ Recommendation by early 2013 ▪ Reiterate the importance of the project being delivered in a timely manner ▪ Gain agreement on a model to go forward ▪ Understand the role of board is to endorse the recommendations of the planning group and make a decision as to the future of BAC and alternate services, and communicate the decision to the Minister for his approval. <p>Brett McDermott sought clarification from LD that TS was told that the unit was going to close after Christmas and was that true or not.</p> <p>LD responded</p> <ul style="list-style-type: none"> ▪ There are several key points: <ol style="list-style-type: none"> 1. The Redlands Adolescent Extended Treatment unit capital project has been cancelled and is now not an option as alternate service 2. BAC is not a sound physical environment for this type of service. ▪ The Redlands project has been retracted on a number of occasions in a public forum setting and that there was a clear need to provide a service however there has never been a public statement made that it was the intention to close the service. <p>The first decision of the group will be to determine the membership of the clinical reference group (keep small) and ensure it's multi-disciplinary.</p>	
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Main points for the reference group to keep in mind:

- **Recognise that capital funds for Redlands are not available.**
- **There is funding for refurbishment or for building relocation for BAC at this time.**
- **The BAC no longer fits the model of care that is being delivered through Barrett and is no longer fit for purpose.**
- **The Park is designated as an adult forensic site it is deemed an inappropriate site**
- **Any option that we look at we should not include The Park**

Clarification: The Park is not being sold and that QH is not selling off asset to be transferred back to treasury.

Future funding for Stage 2 of the QPMH

- no anticipated funding at this time and it will be sometime in the future before the MHAODB presents a bid for funding. It is anticipated that the Stage 2 would look very different to what had been planned for Stage 2 before the new government took office.
- The QPMH will need to be revised prior to applying for any Stage 2 funding.
- The only cost saving that we will have out of that project was what was allocated by the plan for stage 1 planning which was about 1.8 million approximate dollars recurrent. This is an important amount of money is.

LG raised a number of points:

- The planning group need to understand the financial implications and how to move forward and use the identified dollars for planning.
- We need to consider a consumer engagement strategy as a part of that and develop a communications strategy. LD agreed.
- Reference Group –multi disciplinary needs to be a working group.

Planning Group Membership

- Lead - Sharon Kelly
- Chris Thornburn (knowledge of the system)
- Leanne Geppert (knowledge of the system)
- Trevor or Proxy (current service provider)
- Bill Kingswell (as system manager and historical lens)
- Terry Stedman (Education representative)
- David Hartman (rep from another HHS) (group to decide)
- Communications officer (communicate with external and internal stakeholders).
- Expert clinical reference group member (to be chaired by Planning Group member).
 - A minimum of 2 people from the reference group (nursing) to sit on planning group.



	<ul style="list-style-type: none"> ○ Ensure reference group is well connected with the planning group – communicate specific pieces of work and outcomes to be achieved. <p><u>Action Item:</u></p> <p>LD asked group to provide feedback on regarding:</p> <ul style="list-style-type: none"> – who might be invited to sit on the clinical reference group? – Group to nominate a national expert – Suggestions included <ul style="list-style-type: none"> ○ Beth Cottsie from NSW service area director (involved nationally) ○ QCMHR Membership (possibly Joan Scott) <p>BMc raised the point that there is no peak child and adolescent ?????... research group either in Qld or in Australia where it would have been helpful for them to do an economic analysis 10 years ago and as Trevor has pointed out they haven't been involved and when one tries to involve them they are perennially busy. It doesn't mean that we won't exclude it at this point.</p>	
	<p><u>General Discussion</u></p> <p>TS asked:</p> <ol style="list-style-type: none"> 1. Since the BAC was not expected to move to Redlands until 2014 ??????? <ul style="list-style-type: none"> ○ Terms of Reference <ul style="list-style-type: none"> ▪ The minister is keen to see what our plan is to see what is involved rather than the outcome. ○ There are long lead in times if it requires a big lead in now. ○ We need to make sure we are ahead and prepared for what is happening. ○ Because it is public knowledge now it is not fair to be drawing this out its not fair for the families and the adolescents involved in this situation. The need certainty and surety. <p>EL asked:</p> <ol style="list-style-type: none"> 1. Was there a response from Education Qld regarding the recent publicity? <ul style="list-style-type: none"> ○ Yes, there has been a response and they are not surprised that the BAC has been identified as unsuitable and unsustainable. ○ Education Qld are keen to be engaged in the process. They recognise that this was something that would be prioritised. ○ Education Qld accept that things will be different moving forward. ○ A Education representative will need to be identified and approved internally. <p>MF to provide feedback from meeting with C&Y group re clinical ref group membership</p> <p>DH will seek approval to accept a position on the planning committee from the Townsville CE, Karen Roach and inform SK.</p> <p>Questions</p>	



	<p>What are the limits of the group's confidentiality around this process? Response from ??: The content of the meeting is no confidential. As the group moves into planning and then implementation phase, discretion will be necessary to ensure high level discussion and decisions are communicated appropriately.</p> <p><u>Action: ?? to provide talking points/fast facts</u></p> <ul style="list-style-type: none"> ○ Fast facts supplied for each meeting (who to develop?) ○ IW requested a list of timeframes ○ LD reiterated the first task of the planning group was decide on members and advise timeframes. <p>BMc requested a TOR for the planning group to be prepared as a matter of urgency</p> <p>Clarification of main points</p> <ul style="list-style-type: none"> ▪ The intention of WMHHS is to replace BAC ▪ BK has advised \$8 million recurrent funding will be available to be deployed in different ways. ▪ It is misleading to communicate that QH are closing the service – we are closing the building not the service. ▪ It is acknowledged that the model of service (inpatient and school) is existing. It is the physical bricks and mortar that are deteriorating. ▪ The service will still be provided and the funds will be there to support that service. ▪ Consultation will begin to ensure key stakeholders within the state are invited to develop a revised adolescent model for the state. ▪ BAC in its current form will close. ▪ Sensitivity and appropriateness of message are important to ensure support of families and young people and staff at the BAC. ▪ The money that was set aside for Redlands has been reallocated. <ul style="list-style-type: none"> – QPMH (needs to re-designing) – There is no decision – Key Messages - This service will not be delivered from The Park – Need to consider impact on the Consumer and staff group <p>BMc requested that all resources go to CYMHS that recurrent dollars are committed to C&Y sector and within a child and youth centre.</p> <p>Michelle</p> <ul style="list-style-type: none"> – Final decision will go to the LWM HHS board re question devolving dollars may be an issue <p>Leslie</p> <ul style="list-style-type: none"> – Part of Communications will be with Chief Executives and other HHS's – We will continue to purchase services if those beds are closed where we purchase them from across the state will be driven by what is the Model that the group comes up with. 	
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	<p>– Standing close with the district and partnering them around all of this.</p>	
	Meeting closed 17:15	

General business:

Agenda items for next meeting:	
Next meeting:	