

Department RecFind No:	
Division/HHS:	
File Ref No:	

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Lesley Dwyer
CE, West Moreton HHS

Date requested: 9/9/2013

Action required by: 9/9/2013



APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

/ /

/ /

Minister's comments

Briefing note rating

1 **2** **3** **4** **5**
1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

Please Note: All ratings will be recorded and will be used to inform executive performance.

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES**

Date: Friday 24 May 2013

Time: 9.00am to 5.45pm

Location: Ipswich Hospice Care, 37 Chermshire Road, Eastern Heights

Members

- Dr Mary Corbett, Chair
- Timothy Eltham, Deputy Chair
- Dr Robert McGregor, Board Member
- Paul Casos, Board Member (Apology)
- Melinda Parcell, Board Member
- Alan Fry OBE QPM, Board Member
- Professor Julie Cotter, Board Member

Ex Officio Standing Invitees

- Lesley Dwyer, Health Service Chief Executive (CE)
- Ian Wright, Executive Director Finance and Corporate (EDFC)
- Jacqui Keller, Corporate Counsel and Secretary (CCS)

Invitees to Stakeholder Session

- Ros Holloway, Director of Hospice Services, Ipswich Hospice Care
- Rosie Laidlaw, Advance Care Planning Nurse Consultant, WMHHS
- Melanie McBain, Nurse Unit Manager, Palliative Care and Oncology, Ipswich Hospital

Other Invitees

- Matthew Bannan, Customer Service Manager, WorkCover Queensland (for Item 3.4 only)
- Chris Thorburn, Acting Executive Director Corporate Governance and Strategy (for Items 4.1 and 4.2 only)
- Sharon Kelly, Executive Director Mental Health and Specialised Services (for Item 4.3 only)

TOUR OF IPSWICH HOSPICE CARE

REDACTED

STAKEHOLDER SESSION

REDACTED

The stakeholder session closed at 10.20am.

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES****IN CAMERA SESSION****REDACTED****OPEN SESSION****1.0 MEETING OPENING**

The meeting opened at 11.10am.

1.1 Attendance

The apology of Paul Casos was recorded. There were no other apologies.

1.2 Adoption of Agenda

The agenda was adopted with no alterations. The Board noted the new format of the agenda.

1.3 Declaration of Interests**REDACTED****1.4 Confirmation of Minutes of Board Meeting 26 April 2013 and Meeting Summary**

The minutes of the meeting held on 26 April 2013 were confirmed as a true and accurate record of proceedings.

The Board Meeting Summary prepared with respect to that meeting was also approved.

1.5 Actions Arising

The Board noted the action register and the items that had been actioned and included in the agenda papers.

2.0 SAFETY AND QAULITY**2.1 Not used for this meeting****2.2 Occupational Health and Safety Report****REDACTED**

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES**

2.3 Patient Safety and Quality Report

REDACTED



2.4 Patient Safety and Quality Committee Report

REDACTED

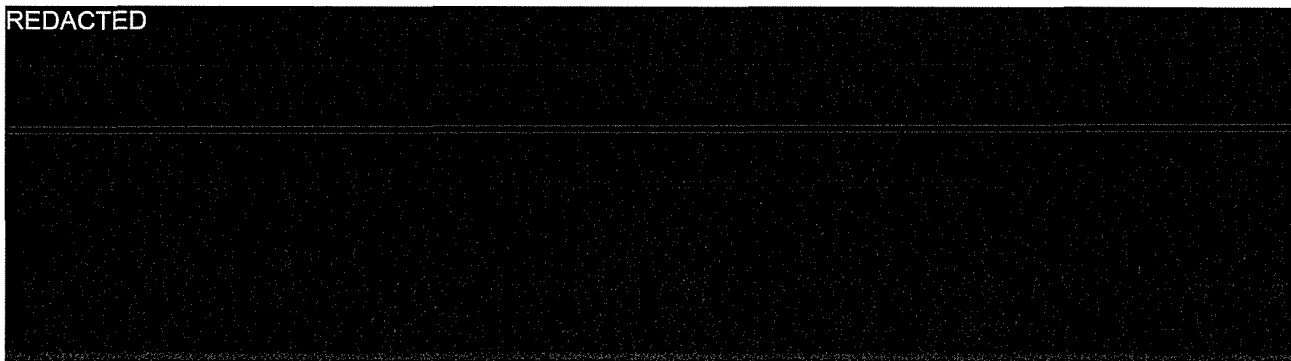


The meeting temporarily adjourned at 12.35pm, resuming at 1.05pm.

3.0 STRATEGIC MATTERS (AGENDA ITEM 4.0)

3.1 2013-2017 Strategic Plan (Agenda Item 4.1)

REDACTED



West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

3.2 Future Service Capacity (Springfield/Mater) Update (Agenda Item 4.2)

REDACTED

4.0 FINANCE, AUDIT AND RISK (AGENDA ITEM 3.0)

4.1 Financial Performance Report (Agenda Item 3.1)

REDACTED

4.2 WorkCover Premiums Presentation (Agenda Item 3.3)

REDACTED

4.3 Financial Performance Report (Agenda Item 3.1) – continued

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED



4.4 Finance Committee Report (Agenda Item 3.2)

REDACTED



4.5 Audit and Risk Committee Report

REDACTED



The meeting temporarily adjourned at 3.15pm, resuming at 3.25pm.

5.0 STRATEGIC MATTERS (AGENDA ITEM 4.0) - CONTINUED

5.1 Barrett Adolescent Centre

Sharon Kelly, Executive Director Mental Health and Specialised Services, joined the meeting. The Board discussed the recommendation from the Planning Group that proposes the closure of the Barrett Adolescent Centre (BAC) and the issues that this presents. The Board recognised that the Barrett facility is no longer suitable but is concerned that there is currently no alternative for consumers.

West Moreton Hospital and Health Board BOARD MEETING MINUTES

The Board noted the recommendations of the Barrett Adolescent Strategy Planning Group, and the need to move as rapidly as possible to an alternative model based on those recommendations.

ACTION: Minister to be updated regarding proposed closure, plan for development of alternatives and community engagement strategy.

ACTION: Minister's approval to be sought to not accept any further patients into BAC.

ACTION: WMHHS to engage with Children's Health Services and the Mental Health Alcohol and Other Drugs Branch re planning for future model of care.

ACTION: WMHHS to pursue discharge of appropriate current patients with appropriate 'wrap around' services.

DECISION: The Board approved the development of a communication and implementation plan, inclusive of finance strategy, to support the proposed closure of BAC.

Sharon Kelly left the meeting.

5.0 GENERAL MATTERS

5.1 Chief Executive Report

REDACTED

5.2 HHS Performance Report

REDACTED

6.0 CORPORATE GOVERNANCE

6.1 Flying Minute – FMA Process and Ipswich Hospital Car Park (Interim Arrangements)

REDACTED

6.2 2013-14 Service Delivery Statement

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

6.3 Reportable Gifts and Benefits (Agenda Item 6.2)

REDACTED

7.0 MATTERS FOR NOTING

Correspondence

7.1 – 7.6 The Board noted the correspondence included in the Board papers.

Materials Uploaded to BoardEffect since 19 April 2013

7 – 7.21 The Board noted the materials uploaded to BoardEffect since 19 April 2013.

Other

7.22 Chair delegate to Chairs Meeting on 2 July 2013

REDACTED

7.23 Update from 9th Annual Australasian Redesigning Health Care Summit

REDACTED

7.24 Clinical Senate

REDACTED

7.25 Board Calendar and Work Plan (including July 2013 to June 2014) (Agenda Item 7.24)

REDACTED

8.0 OTHER BUSINESS

8.1 Stakeholder Invitees to Next Board Meeting at Ipswich Hospital

REDACTED

8.2 Safety and Quality Visit Next Board Meeting

REDACTED

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES**

9 MEETING FINALISATION

9.1 Review Actions

9.2 Meeting Evaluation

REDACTED

9.3 Next Meeting

The next meeting is scheduled for 28 June 2013 at Ipswich Hospital, Level 8 Conference Room.

9.4 Meeting Close

The meeting closed at 5.45pm.

Minutes authorised by Chair as an accurate record of proceedings

[Redacted Signature]

**Dr Mary Corbett
Chair, West Moreton Hospital and Health Board**

28/6/13

Date

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

Date: Friday 26 July 2013	Time: 9.00am to 6.05pm	Location: Gatton Hospital
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Members

- Dr Mary Corbett, Chair
- Timothy Eltham, Deputy Chair (Apology)
- Dr Robert McGregor, Board Member
- Paul Casos, Board Member
- Melinda Parcell, Board Member
- Alan Fry OBE QPM, Board Member
- Professor Julie Cotter, Board Member

Ex Officio Standing Invitees

- Lesley Dwyer, Health Service Chief Executive (CE)
- Ian Wright, Executive Director Finance and Corporate (EDFC)
- Jacqui Keller, Corporate Counsel and Secretary (CCS)

Attendees at Stakeholder Session

- Sergeant Don Graham, Gatton Police

Other Attendees

- Mark Mattiussi, Acting Executive Director Clinical Governance, Education and Research (EDCGER) - for Item 2.3 only; by videoconference
- Linda Hardy, Executive Director Clinical Services (EDCS) – for Item 5.1 only

SAFETY WALK AROUND

REDACTED

MORNING TEA WITH STAFF AND STAKEHOLDERS

REDACTED

STAKEHOLDER SESSION

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

OPEN SESSION

1.0 MEETING OPENING

The meeting opened at 11.10am.

1.1 Attendance

The apology of Timothy Eltham was noted. All other Board members were in attendance.

1.2 Adoption of Agenda

REDACTED

[REDACTED]

1.3

Declaration of Interests

REDACTED

[REDACTED]

1.4 Confirmation of Minutes of Board Meeting 28 June 2013 and Meeting Summary

The minutes of the meeting held on 28 June 2013 were confirmed as a true and accurate record of proceedings. The Board Meeting Summary prepared with respect to that meeting was also approved.

REDACTED

[REDACTED]

1.5 Actions Arising

The Board noted the action register and the items that had been actioned and included in the agenda papers.

REDACTED

[REDACTED]

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED



2.0 SAFETY AND QUALITY

2.1 Safety and Quality Committee Report

REDACTED



2.2 Occupational Health and Safety Report

REDACTED



**West Moreton Hospital and Health Board
BOARD MEETING MINUTES**

REDACTED

2.3 Patient Safety and Quality Report

REDACTED

The meeting temporarily adjourned for lunch.

3.0 FINANCE, AUDIT AND RISK

3.1 Audit and Risk Committee Report

REDACTED

3.2 Finance Committee Report

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

3.3 Financial Performance Report

REDACTED

4.0 STRATEGIC MATTERS

For Decision

4.1 Renoir Consultancy – Supply Chain and Inventory Management Project (new Agenda Item)

REDACTED

For Discussion

4.2 Remaining Agenda Items (new Agenda Item)

The Board agreed to postpone consideration of the following Agenda Items to the August Board Meeting:

- 4.1 Workforce Engagement Metrics
- 4.2 Communication Strategy for Ipswich Hospital Expansion
- 4.3 Reinvestment of Community Dividend Overview
- 4.4 Activity Funding

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

4.5 Board Planning

5.0 GENERAL MATTERS

For Decision

Nil

For Discussion

5.1 HHS Performance Report (Agenda Item 5.2)

REDACTED

5.2 Chief Executive Report (Agenda Item 5.1)

REDACTED

CE and Chair also provided an update on their meeting with the Minister to discuss the South West Growth Corridor Planning Study and the proposed closure of Barrett Adolescent Centre.

The Board noted that all references to the closure of the Barrett Adolescent Centre in the agenda paper for Agenda Item 7.2 (Barrett Adolescent Centre Update) must be read as referring to the proposed closure of Barrett Adolescent Centre in light of the fact that no firm decision to close the facility has been made until alternative options for providing improved models of care have been identified.

6.0 CORPORATE GOVERNANCE

6.1 Declarations of Interests

REDACTED

7.0 MATTERS FOR NOTING

7.1 Budget Build Update

REDACTED

7.2 Barrett Adolescent Centre Update

The Board noted the contents of the agenda paper, noting the point made with respect to this paper at Agenda Item 5.2.

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES**

7.3 Ernst and Young Readiness Re-Assessment

REDACTED

7.4 Board Calendar and Work Plan

REDACTED

7.5 Correspondence

REDACTED

7.6 Materials Uploaded to BoardEffect since 21 June 2013

REDACTED

8.0 OTHER BUSINESS

8.1 Chairs' Meeting

REDACTED

8.2 Update on Meeting with Minister

REDACTED

8.3 Review of Stakeholder Feedback

REDACTED

8.4 Next Meeting – 23 August 2013 (Ipswich Hospital)

The Board noted that the next Board meeting will be held on 23 August 2013 at Ipswich Hospital

8.5 Stakeholder Invitees to Next Board Meeting

REDACTED

8.2 Safety Walk Around Next Board Meeting

REDACTED

CE and EDFBS left the meeting.

IN-CAMERA SESSION

REDACTED

9.0 MEETING FINALISATION

9.1 Review Actions

The Board reviewed the actions arising out of the meeting.

9.2 Meeting Evaluation

The Board conducted a meeting evaluation.

9.3 Meeting Close

The meeting closed at 6.05pm.

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES**

Minutes authorised by Chair as an accurate record of proceedings

	23 10/2013
Dr Mary Corbett Chair, West Moreton Hospital and Health Board	Date



Board Meeting

Addendum No. 1

Jun 28, 2013 at 09:00 AM - 05:15 PM

Conference Room

Level 8 Tower Block

Ipswich Hospital

EXHIBIT 50

West Moreton Hospital and Health Board

BOARD COMMITTEE AGENDA PAPER

Committee: West Moreton Hospital and Health Board			
Meeting Date:	28 June 2013	Agenda Item Number:	7.3
Agenda Subject:	Barrett Adolescent Strategy – Update		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: Executive Director, Mental Health & Specialised Services	Date:	24 June 2013
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note actions attend within month of June to align with Board decision in principle to close Barrett Adolescent Service.

Note the verbal briefing between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive is diarised for Monday 15 July.

Background

1. Refer to Board paper of 24 May agenda item 4.3

Key Issues or Risks

2. WMHHS to engage with Children's Health services and the Mental Health Alcohol and Other Drugs Branch re planning for future model of care for adolescent services.
 - a. A meeting was held Tuesday June 11th between Lesley Dwyer, Chief Executive WMHHS, Dr Peter Steer, Chief Executive Children's Health Services, Leanne Geppert, Acting Director of Strategy MH&SS and Sharon Kelly ED MH&SS WMHHS to agree the following:
 - i. In principle agreement reached that Children's HHS will partner with The Mental Health Branch to progress a statewide service model.
 - ii. Agreement that the timeliness of the development and implementation of a statewide service model is a priority for WMHHS as the decision to cease providing services at the Barrett Adolescent Service is contingent on a viable service model option being available.
 - b. A meeting was held Monday June 17th with the Director General (Dr O'Connell), DDG Health Services and Clinical Innovation (Dr Cleary), Lesley Dwyer, Sharon Kelly and Leanne Geppert.
 - i. In principle support of the plan for closure of Barrett Adolescent Service with an understanding the new model of service is identified and developed.
 - ii. Agreement of HSCI support for the shared model planning process.
3. WMHHS to pursue discharge of appropriate current patients from Barrett Adolescent Centre with appropriate 'wrap around' services.
 - a. As identified at The Board, until a decision is confirmed in regards to the plans for Barrett Adolescent Centre clinical services will continue to be provided and consumers discharged as appropriate. Any targeted discharge planning for current consumers that is related to closure of the service will raise concerns within the consumers, staff and families and potential wider community prior to a clear decision and communication strategy being in place and available.
4. Minister to be updated regarding proposed closure of Barrett Adolescent Centre, plan for development of alternatives and community engagement strategy as well as decision not to accept any further patients into BAC

EXHIBIT 50

West Moreton Hospital and Health Board

BOARD COMMITTEE AGENDA PAPER

- a. Meeting planned for Monday July 15th between Minister, Board Chair West Moreton HHS and Chief Executive West Moreton HHS.
- b. Communication plan and strategy in draft development at current time.
- c. Decision to not accept patients into BAC can only be advised to staff once decision to close the service and move to alternate model is known.

Consultation

5. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.

Financial and Other Implications

6. Remains in alignment with previous papers on the topic.

Strategic and Operational Alignment

7. The closure of Barrett Adolescent Service and removal of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

That the West Moreton Hospital and Health Board:

Note actions attend within month of June to align with Board decision in principle to close Barrett Adolescent Service.

Note the verbal briefing between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive is diarised for Monday 15 July.



Board Meeting

Apr 26, 2013 at 09:00 AM - 05:00 PM

Level 8 Conference Room

Tower Block

Ipswich Hospital

EXHIBIT 50

West Moreton Hospital and Health Board

BOARD COMMITTEE AGENDA PAPER

Committee: West Moreton Hospital and Health Board			
Meeting Date:	26 April 2013	Agenda Item Number:	2.4
Agenda Subject:	Barrett Adolescent Centre		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: Executive Director Mental Health & Specialised Services	Date: 17 April 2013	
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note The update of the Barrett Adolescent Strategy**Background**

1. A project plan titled Barrett Adolescent Strategy was tabled by the Chief Executive at the meeting of the West Moreton Hospital and Health Board on 23 November 2012.

Key Issues or Risks

2. The project plan identifies five areas of risk. With respect to each of the identified risk areas:
 - a. Time frames have been extended to allow the Expert Clinical Reference Group (ECRG) to provide their report.
 - b. It is anticipated the draft outcomes will be presented to the Planning Group on 26 April 2013.
 - c. The Centre's current consumers are continuing to receive the care that is most appropriate for them.
 - d. Stakeholder communication continues.
 - e. Chief Executive, Lesley Dwyer and Executive Director Mental Health & Specialised Services, Sharon Kelly, have visited a non-Government sector model in Cairns that potentially could be replicated for the provision of services.
 - f. Both the consumer and carer representatives of the ECRG have been engaged throughout the process to ensure a wider viewpoint.

Consultation

3. The ECRG continues to meet regularly to develop the proposed model into the future.
4. The Planning Group has oversighted the development of a stakeholder engagement plan, terms of reference for the ECRG, a media protocol and fact sheets (posted on the internet).
5. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.
6. Chief Executive of Children's Health Queensland Hospital and Health Service, Peter Steer, has been engaged and consulted as the process has continued in light of their over-arching Statewide responsibility for Youth Mental Health Services.

Financial and Other Implications

7. It is not possible at this stage to indicate financial implications in the absence of a likely preferred model.
8. However, as noted in the Project Plan, it is assumed that the existing recurrent funding for BAC and the additional future funding earmarked for the former Redlands Unit will be utilised to fund the endorsed model(s) of care.

BOARD COMMITTEE AGENDA PAPER**Strategic and Operational Alignment**

9. Both the ECRG and the Planning Group are mindful that the final endorsed model(s) of care will
- a. need to clearly articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland.
 - b. be evidenced based, sustainable, align with Statewide Mental Health Policy, service planning frameworks and funding models whilst acknowledging no capital funding is available.
 - c. replace the existing services provided by Barrett Adolescent Centre.

Recommendation

10. That the West Moreton Hospital and Health Board:

Note The update of the Barrett Adolescent Strategy

Attachments

1. Nil.

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

Date: Friday 26 April 2013

Time: 9.00am to 5.45pm

Location: Ipswich Hospital,
 Level 8 Conference
 Room

Members

Dr Mary Corbett, Chair

Timothy Eltham, Deputy Chair

Dr Robert McGregor, Board Member

Paul Casos, Board Member

Melinda Parcell, Board Member

Alan Fry OBE QPM, Board Member

Professor Julie Cotter, Board Member

Ex Officio Standing Invitees

Lesley Dwyer, Health Service Chief Executive (CE)

Ian Wright, Executive Director Finance and Corporate (EDFC)

Jacqui Keller, Corporate Counsel and Secretary (CCS)

Invitees to Stakeholder Session

Mr Ian Berry MP, State Member for Ipswich

Mr Sean Choat MP, State Member for Ipswich West

Mr Carl Wulff, Chief Executive Officer, Ipswich City Council

Other Invitees

Sharon Kelly, Executive Director Mental Health and Specialised Services (EDMHSS) (Items 2.4 and 2.5 only)

Alan Millward, Executive Director Workforce (EDW) (Items 2.1 and 2.2 only)

Dr Peter Osborne, Director Oral Health Services (DOHS) (Item 2.6 only)

Professor Geoff Mitchell, Professor of General Practice and Palliative Care, The University of Queensland (GM) (Item 2.3 only)

David Roberts, Partner, Ernst & Young (as observer)

Sean Lowry, Senior Manager, Ernst & Young (as observer)

STAKEHOLDER SESSION

REDACTED

IN CAMERA SESSION

REDACTED

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES****REDACTED****OPEN SESSION****1.0 MEETING OPENING**

The meeting opened at 11.05am.

1.1 Attendance

The apology of Dr Bob McGregor was recorded. There were no other apologies.

1.2 Adoption of Agenda

The agenda was adopted with no alterations.

1.3 Declaration of Interests**REDACTED****1.4 Confirmation of Minutes and Meeting Summary****REDACTED****1.5 Confirmation of Minutes – Board Risk Management and Board Planning Workshops****REDACTED****1.6 Actions Arising**

The Board noted the action register and the items that had been actioned and included in the agenda papers.

2.0 STRATEGIC MATTERS***For Decision*****2.1 Workforce Engagement Strategy****REDACTED*****For Discussion*****2.2 Partnership Opportunities with The University of Queensland (Agenda Item 2.3)****REDACTED**

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

2.3 Barrett Adolescent Centre (Agenda Item 2.4)

EDMHSS joined the meeting and provided an update on the Barrett Adolescent Strategy, namely that the Planning Group is awaiting the report from the Expert Clinical Reference Group, which it will then form into a number of recommendations. The Board discussed the community engagement that is taking place and that is planned with respect to the strategy.

ACTION: Strategy re the future of Barrett Adolescent Centre to be developed and brought back to Board for approval.

2.4 Financial Comparative Analysis – Forensic Mental Health Hospitals Vic, NSW, Qld (Agenda Item 2.5)

REDACTED

2.5 Oral Health Services (Agenda Item 2.6)

REDACTED

2.6 Human Resource Management Transformation Roadmap (Agenda Item 2.2)

REDACTED

2.7 Springfield/Mater Proposal Update

REDACTED

**West Moreton Hospital and Health Board
BOARD MEETING MINUTES**

2.8 2012-2013 Annual Report Process and Timeline

REDACTED

3.0 GENERAL MATTERS

For Decision

3.1 Policies

3.1.1 Smoke Free Environment Policy

REDACTED

For Discussion

3.2 Safety Report

3.2.1 Occupational Health and Safety

REDACTED

3.2.2 Patient Safety and Quality

REDACTED

3.3 Management Reports

3.3.1 Chief Executive Report

REDACTED

3.3.2 Financial Performance Report

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

3.3.3 HHS Performance Report

REDACTED

ADJOURNMENT OF OPEN SESSION AND RESUMPTION OF IN-CAMERA SESSION

REDACTED

RESUMPTION OF OPEN SESSION

4.0 CORPORATE GOVERNANCE AND COMMITTEES

4.1 Corporate Governance

4.1.1 Flying Minute – Consultation Draft Revised Strategic Plan

REDACTED

4.1.2 Flying Minute – Refurbishment of the Trumpy Home

REDACTED

4.1.3 Flying Minute – Replacement of Air Conditioning at Gatton Hospital

REDACTED

4.2 Committees

4.2.1 Finance Committee

REDACTED

5.0 MATTERS FOR NOTING

5.1 Correspondence

REDACTED

6.0 SAFETY AND QUALITY TOUR (Agenda Item 7.0)

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

7.0 MATTERS FOR NOTING (Continued – Agenda Item 5.0)

7.1 Other (Agenda Item 5.2)

7.1.1 Medicare Local Strategy Update (Agenda Item 5.2.1)

REDACTED

7.1.2 Ernst & Young Risk Management Workshop (Agenda Item 5.2.2)

REDACTED

7.1.3 Asset Workshop (Agenda Item 5.2.3)

REDACTED

7.1.4 Palliative Care Report (Agenda Item 5.2.4)

REDACTED

7.1.5 Maternity Services Review (Agenda Item 5.2.5)

REDACTED

7.1.6 Board Calendar and Work Plan (Agenda Item 5.2.6)

REDACTED

8.0 OTHER BUSINESS (Agenda Item 6.0)

8.1 Stakeholder Invitees to Next Board Meeting (Agenda Item 6.1)

REDACTED

8.2 Other Business

REDACTED

West Moreton Hospital and Health Board
BOARD MEETING MINUTES

REDACTED

9.0 MEETING FINALISATION (Agenda Item 8.0)

9.1 Review Actions (Agenda Item 8.1)

9.2 Meeting Evaluation (Agenda Item 8.2)

REDACTED

9.3 Next Meeting (Agenda Item 8.3)

The next meeting is scheduled for 24 May 2013, with the location to be decided.

9.4 Meeting Close (Agenda Item 8.4)

The meeting closed at 5.45pm.

Minutes authorised by Chair as an accurate record of proceedings

Dr Mary Corbett
Chair, West Moreton Hospital and Health Board

24/5/13

Date

BOARD MEETING

26 4 2013

SEAN CHOAT

REDACTED



CARL OWEN

REDACTED



IN CAMERA SESSION

REDACTED



LESLY

REDACTED



(2)

Workforce Engagement Strategy

REDACTED

GEOFF MITCHELL - UQ RESEARCH PSHIP.

REDACTED

REDACTED

BARRETT CENTRE.

Looks like what is coming back is going to be a mish mash of a compromise.

The Expert Group reports to the Planning Group who have the responsibility to pull

3

Something coherent together. Recommendations around the model will be tested with the Minister & Dept. Lesley confident that the Expert Group will produce a coherent model.

COMPARATIVE ANALYSIS of FORENSIC MH HOSPS.

REDACTED

ORAL HEALTH REPORT

REDACTED

SPRINGFIELD MATER

REDACTED

ANNUAL REPORT

REDACTED

NO SMOKING POLICY

REDACTED

(14)

COMPLAINTS

REDACTED



FINANCIAL REPORT

REDACTED



PERFORMANCE REPORT

REDACTED



ORGANIZATIONAL STRUCTURE

REDACTED



XX

DELEGATIONS

REDACTED



CAR PARK

REDACTED



(5)

STAKEHOLDERS for NEXT MEETING

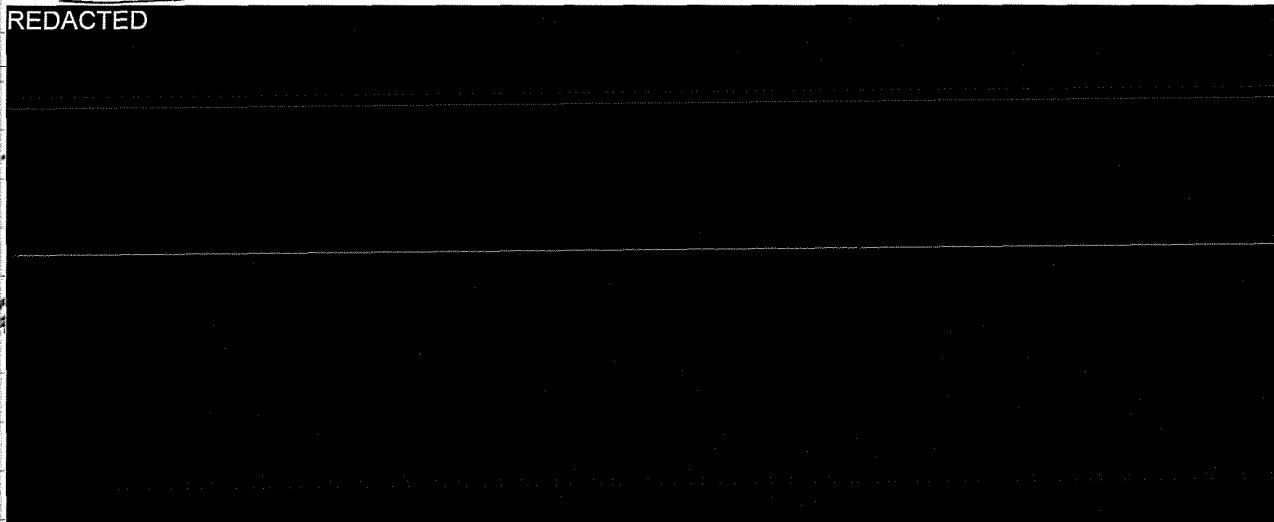
REDACTED



XX

COMMUNITY ENGAGEMENT.

REDACTED





Board Meeting

May 24, 2013 at 09:00 - 17:00

Ipswich Hospice
37 Chermside Road
Eastern Heights

EXHIBIT 50

West Moreton Hospital and Health Board

BOARD COMMITTEE AGENDA PAPER

Committee: West Moreton Hospital and Health Board			
Meeting Date:	24 May 2013	Agenda Item Number:	4.3
Agenda Subject:	Barrett Adolescent Strategy - Recommendations		
Action required:	<input checked="" type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input type="checkbox"/> For Noting
Author: Sharon Kelly	Position: Executive Director, Mental Health & Specialised Services	Date: 15 May 2013	
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note the attached recommendations of the Expert Clinical Reference Group (ECRG) (Attachments 1 and 2).

Approve recommendations from Barrett Adolescent Strategy Planning Group (Attachment 3).

Approve development of a communication and implementation plan, inclusive of finance strategy, to support the closure of Barrett Adolescent Centre (BAC) on 30 September 2013.

Approve media statement (Attachment 4).

Note the need for a verbal briefing (at the earliest convenience) between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive.

Background

1. A project plan titled Barrett Adolescent Strategy was tabled by the Chief Executive at the meeting of the West Moreton Hospital and Health Board (the Board) on 23 November 2012.
2. Project updates were provided to the Board on 25 January and 26 April 2013.
3. A Planning Group has oversighted an ECRG of senior child and youth mental health experts to develop a Service Model Elements document according to the project plan.
4. Membership of the ECRG included multidisciplinary clinicians, a consumer representative, a carer representative, an inter-state clinician, and a representative of the Department of Education, Training and Employment. The ECRG met between 1 December 2012 and 24 April 2013.
5. The Park is designated to become an adult secure forensic facility within the Queensland Plan for Mental Health 2007-17. This process will progress to the next stage when the Extended Forensic Treatment and Rehabilitation Unit opens on 28 July 2013. The provision of adolescent services within the future forensic environment is not considered appropriate or safe, and poses a potential risk to adolescent consumers.
6. The current BAC is an aged facility that has been designated not-fit-for-purpose in the provision of inpatient services into the future. The state-funded capital project to build a replacement facility for BAC in Redlands has ceased due to unresolvable building and environmental barriers, and none of this capital funding is available to build the facility elsewhere.

Key Issues or Risks

7. The ECRG submitted a *Preamble* and the *Service Model Elements of an Adolescent Extended Treatment and Rehabilitation Services* document (refer Attachments 1 and 2) to the Chair of the Planning Group on 8 May 2013. These documents were reviewed by the Planning Group on 15 May 2013.
8. The Planning Group accepted all recommendations of the ECRG, with some caveats for note (refer Attachment 3).
9. The Service Model Elements document (and the associated recommendations for an alternative model of service) allows for the safe and timely closure of BAC.
10. Given 10 out of 16 young people from the current BAC inpatient group are aged 17 years or over, and that the length of stay is up to 2 years in several cases, it is considered clinically adequate to provide a four month timeframe to complete discharge planning and aim to close BAC 30 September 2013.

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11. The closure of BAC is not dependent on the next stages of progressing and consulting on a statewide service model; instead, the closure process is relevant to the needs of the current and wait-list consumer group of BAC, and the capacity for 'wrap-around' care in their local community services. The Planning Group noted this was feasible to commence now.

Consultation

12. The Planning Group has oversighted the development of a stakeholder engagement plan, terms of reference for the ECRG, a media protocol and fact sheets (posted on the internet).
13. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.
14. An updated media statement is attached for approval (refer Attachment 4).
15. The next phase of statewide consultation and service planning for adolescent extended treatment and rehabilitation services is proposed to be collaboratively led by Children's Health Services and the Mental Health Alcohol and Other Drugs Branch.
16. It is proposed that West Moreton HHS will develop a new communication and implementation plan with regard to the closure of BAC to ensure sensitive and comprehensive communication with consumers, families, staff, key stakeholders, and the community.

Financial and Other Implications

17. It is not possible at this stage to detail financial implications. It is proposed that West Moreton HHS convene a finance working group (as part of a broader implementation plan) to define the operational funds associated with the BAC, and to submit a plan to the Board for the transfer of these funds to the HHSs that will deliver the alternative service/s. The Mental Health Alcohol and Other Drugs Branch is a recommended working group member.
18. Historically, intentions to close BAC have generated significant consumer, staff and community concern, and have attracted media attention. It is anticipated that this will be partially addressed through the recommendations of the ECRG and Planning Group, and the identification of alternative, local service delivery.

Strategic and Operational Alignment

19. Both the ECRG and the Planning Group have been mindful that the final endorsed model(s) of care:
- need to clearly articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland; and
 - be evidenced based, sustainable and align with statewide mental health policy, service planning frameworks and funding models.
20. The closure of BAC and removal of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

21. **Note** the attached recommendations of the Expert Clinical Reference Group (ECRG) (Attachments 1 and 2).

Approve recommendations from Barrett Adolescent Strategy Planning Group (Attachment 3).

Approve development of a communication and implementation plan, inclusive of finance strategy, to support the closure of BAC on 30 September 2013.

Approve media statement (Attachment 4).

Note the need for a verbal briefing (at the earliest convenience) between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive.

Attachments

- Preamble
- Service Model Elements of an Adolescent Extended Treatment and Rehabilitation Service
- Recommendations of the Planning Group
- Media Statement

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Attachment: 1



Attachment 1

**Proposed Service Model Elements
Adolescent Extended Treatment and Rehabilitation Services (AETRS)**

Preamble

Mental health disorders are the most prevalent illnesses affecting adolescents today. Of particular note is the considerable evidence that adolescents with persisting and severe symptomatology are those most likely to carry the greatest burden of illness into adult life. Despite this, funding for adolescent (and child) mental health services is not proportional to the identified need and burden of disease that exists.

In the past 25 years, a growing range of child and youth mental health services have been established by Queensland Health (and other service providers) to address the mental health needs of children and adolescents. These services deliver mental health assessment and treatment interventions across the spectrum of mental illness and need, and as a service continuum, provide care options 24 hours a day, seven days a week. No matter where an adolescent and their family live in Queensland, they are able to access a Child and Youth Mental Health Service (CYMHS) community clinic or clinician (either via direct access through their Hospital and Health Service, or through telehealth facilities). Day Programs have been established for adolescents in South Brisbane, Toowoomba and Townsville. Acute mental health inpatient units for adolescents are located in North Brisbane, Logan, Robina, South Brisbane and Toowoomba, and soon in Townsville (May/June 2013). A statewide specialist multidisciplinary assessment, and integrated treatment and rehabilitation program (The Barrett Adolescent Centre [BAC]) is currently delivered at The Park Centre for Mental Health (TPCMH) for adolescents between 13 and 17 years of age with severe, persistent mental illness. This service also offers an adolescent Day Program for BAC consumers and non-BAC consumers of West Moreton Hospital and Health Service.

Consistent with state and national mental health reforms, the decentralisation of services, and the reform of TPCMh site to offer only adult forensic and secure mental health services, the BAC is unable to continue operating in its current form at TPCMh. Further to this, the current BAC building has been identified as needing substantial refurbishment. This situation necessitates careful consideration of options for the provision of mental health services for adolescents (and their families/carers) requiring extended treatment and rehabilitation in Queensland. Consequently, an Expert Clinical Reference Group (ECRG) of child and youth mental health clinicians, a consumer representative, a carer representative, and key stakeholders was convened by the Barrett Adolescent Strategy Planning Group to explore and identify alternative service options for this target group.

Between 1 December 2012 and 24 April 2013 the ECRG met regularly to define the target group and their needs, conduct a service gap analysis, consider community and sector feedback, and review a range of contemporary, evidence-based models of care and service types. This included the potential for an expanded range of day programs across Queensland and community mental health service models delivered by non-government and/or private service providers. The ECRG have considered evidence and data from the field, national and international benchmarks, clinical expertise and experience, and consumer and carer feedback to develop a service model elements document for Adolescent Extended Treatment and Rehabilitation Services in Queensland. This elements document *is not a model of service* – it is a conceptual document that delineates the key components of a service continuum type for the identified target group. As a service model elements document, it will not define how the key components will function at a service delivery level, and does not incorporate funding and implementation planning processes.

The service model elements document proposes four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:

- **Tier 1** – Public Community Child and Youth Mental Health Services (existing);
- **Tier 2a** – Adolescent Day Program Services (existing + new);
- **Tier 2b** – Adolescent Community Residential Service/s (new); and
- **Tier 3** – Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service (new).

The final service model elements document produced was cognisant of constraints associated with funding and other resources (e.g., there is no capital funding available to build BAC on another site). The ECRG was also mindful of the current policy context and direction for mental health services as informed by the National Mental Health Policy (2008) which articulates that *'non acute bed-based services should be community based wherever possible'*. A key principle for child and youth mental health services, which is supported by all members of the ECRG, is that young people are treated in the least restrictive environment possible, and one which recognises the need for safety and cultural sensitivity, with the minimum possible disruption to family, educational, social and community networks.

The ECRG comprised of consumer and carer representatives, and distinguished child and youth mental health clinicians across Queensland and New South Wales who were nominated by their peers as leaders in the field. The ECRG would like to acknowledge and draw attention to the input of the consumer and carer representatives. They highlighted the essential role that a service such as BAC plays in recovery and rehabilitation, and the staff skill and expertise that is inherent to this particular service type. While there was also validation of other CYMHS service types, including community mental health clinics, day programs and acute inpatient units, it was strongly articulated that these other service types are not as effective in providing safe, medium-term extended care and rehabilitation to the target group focussed on here. It is understood that BAC cannot continue in its current form at TPCMH. However, it is the view of the ECRG that like the Community Care Units within the adult mental health service stream, a design-specific and clinically staffed bed-based service is essential for adolescents who require medium-term extended care and rehabilitation. This type of care and rehabilitation program is considered life-saving for young people, and is available currently in both Queensland and New South Wales (e.g., The Walker Unit).

The service model elements document (attached) has been proposed by the ECRG as a way forward for adolescent extended treatment and rehabilitation services in Queensland.

There are seven key messages and associated recommendations from the ECRG that need to underpin the reading of the document:

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

- The proposed service model elements document is a conceptual document, not a model of service. Formal consultation and planning processes have not been completed as part of the ECRG course of action.
- In this concept proposal, Tier 2 maps to the Clinical Services Capability Framework for Public and Licensed Private Health Facilities Version 3.1 (CSCF) Level 5 and Tier 3 maps to CSCF Level 6.

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.
- b) Formal planning including consultation with stakeholder groups will be required.

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

- It is understood that the combination of day program care, residential community-based care and acute inpatient care has been identified as a potential alternative to the current BAC or the proposed Tier 3 in the following service model elements document.
- From the perspective of the ECRG, Tier 3 is an essential component of the overall concept, as there is a small group of young people whose needs cannot be safely and effectively met through alternative service types (as represented by Tiers 1 and 2).
- The target group is characterised by severity and persistence of illness, very limited or absent community supports and engagement, and significant risk to self and/or others. Managing these young people in acute inpatient units does not meet their clinical, therapeutic or rehabilitation needs.

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- The risk of institutionalisation is considered greater if the young person receives medium-term care in an acute unit (versus a design-specific extended care unit).
- Clinical experience shows that prolonged admissions of such young people to acute units can have an adverse impact on other young people admitted for acute treatment.
- Managing this target group predominantly in the community is associated with complexities of risk to self and others, and also the risk of disengaging from therapeutic services.

Recommendation:

- a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.

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

- Interim arrangements (after BAC closes and before Tier 3 is established) are at risk of offering sub optimal clinical care for the target group, and attention should be given to the therapeutic principles of safety and treatment matching, as well as efficient use of resources (e.g., inpatient beds).
- In the case of BAC being closed, and particularly if Tier 3 is not immediately available, a high priority and concern for the ECRG was the 'transitioning' of current BAC consumers, and those on the waiting list.
- Of concern to the ECRG is also the dissipation and loss of specialist staff skills and expertise in the area of adolescent extended care in Queensland if BAC closes and a Tier 3 is not established in a timely manner. This includes both clinical staff and education staff.

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.
- 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.
- 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.

Duration of treatment

- A literature search by the ECRG identified a weak and variable evidence base for the recommended duration of treatment for inpatient care of adolescents requiring mental health extended treatment and rehabilitation.
- Predominantly, duration of treatment should be determined by clinical assessment and individual consumer need; the length of intervention most likely to achieve long term sustainable outcomes should be offered to young people.
- As with all clinical care, duration of care should also be determined in consultation with the young person and their guardian. Rapport and engagement with service providers is pivotal.

Recommendation:

- 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.

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

- Comprehensive educational support underpins social recovery and decreases the likelihood of the long term burden of illness. A specialised educational model and workforce is best positioned to engage with and teach this target group.
- Rehabilitation requires intervention to return to a normal developmental trajectory, and successful outcomes are measured in psychosocial functioning, not just absence of psychiatric symptoms.
- Education is an essential part of life for young people. It is vital that young people are able to access effective education services that understand and can accommodate their mental health needs throughout the care episode.
- For young people requiring extended mental health treatment, the mainstream education system is frequently not able to meet their needs. Education is often a core part of the intervention required to achieve a positive prognosis.

Recommendations:

- 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.
- 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).

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

- There is no true precedent set in Queensland for the provision of residential or bed-based therapeutic community care (by non-government or private providers) for adolescents (aged up to 18 years) requiring extended mental health care.
- The majority of ECRG members identified concerns with regard to similar services available in the child safety sector. These concerns were associated with:
 - Variably skilled/trained staff who often had limited access to support and supervision;
 - High staff turn-over (impacting on consumer trust and rapport); and
 - Variable engagement in collaborative practice with specialist services such as CYMHS.

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.
- b) Governance should remain with the local CYMHS or treating mental health team.
- c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.

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

- Equity of access for North Queensland consumers and their families is considered a high priority by the ECRG.

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- 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.
- 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.

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Attachment 2

Proposed Service Model Elements Adolescent Extended Treatment and Rehabilitation Services (AETRS)	
Attribute	Details
Service Delivered	<p>The aim of this platform of services is to provide medium term, recovery oriented treatment and rehabilitation for young people aged 13 – 17 years with severe and persistent mental health problems, which significantly interfere with social, emotional, behavioural and psychological functioning and development.</p> <p>The AETRS continuum is offered across a range of environments tailored to the individual needs of the young person with regard to safety, security, structure, therapy, community participation, autonomy and family capacity to provide care for the young person.</p> <p>The AETRS functions as part of the broader, integrated continuum of care provided for young Queenslanders, that includes acute inpatient, day program and community mental health services (public, private and other community-based providers).</p>
Over-arching Principles	<p>The delivery of an Adolescent Extended Treatment and Rehabilitation Service continuum will:</p> <ul style="list-style-type: none"> • develop/maintain stable networks • promote wellness and help young people and their families in a youth oriented environment • provide services either in, or as close to, the young person's local community • collaborate with the young person and their family and support people to develop a recovery based treatment plan that promotes holistic wellbeing • collaborate with other external services to offer continuity of care and seamless service delivery, enabling the young person and their family to transition to their community and services with ease • integrate with Child and Youth Mental Health Services (CYMHS), and as required, Adult Mental Health Services • recognise that young people need help with a variety of issues and not just illness • utilise and access community-based supports and services where they exist, rather than re-create all supports and services within the mental health setting • treat consumers and their families/carers in a supportive therapeutic environment provided by a multidisciplinary team of clinicians and community-based staff • provide flexible and targeted programs that can be delivered across a range of contexts and environments • have the capacity to deliver services in a therapeutic milieu with family members; support and work with the family in their own environment; and keep the family engaged with the young person and the mental health problems they face • have capacity to offer intensive family therapy and family support • have flexible options from 24 hour inpatient care to partial hospitalisation and day treatment with ambulant approaches; step up/step down • acknowledge the essential role that educational/vocational activities and networks have on the recovery process of a young person

**Proposed Service Model Elements
Adolescent Extended Treatment and Rehabilitation Services (AETRS)**

Attribute	Details
	<ul style="list-style-type: none"> • engage with a range of educational or vocational support services appropriate to the needs of the young person and the requirements of their treatment environment, and encourage engagement/reengagement of positive and supportive social, family, educational and vocational connections.
Key Distinguishing Features of an AETRS	<p>Services are accessed via a tiered, least-restrictive approach, and may involve combinations of service types across the tiers.</p> <p>Tier 1: Public Community Mental Health Services (Sessional)</p> <ul style="list-style-type: none"> • <u>Existing Locations</u>: All Hospital and Health Services (HHSs). • Access ambulatory care at a public community-based mental health service, within the local area. • Interventions should consider shared-care options with community-based service providers, e.g. General Practitioners and <i>headspace</i>. <p>Tier 2a: Level 5 CSCF. Day Program Services (Mon – Fri business hours).</p> <ul style="list-style-type: none"> • <u>Existing Locations</u>: Townsville (near completion), Mater, Toowoomba, Barrett Adolescent Centre (BAC). • <u>Possible New Locations</u>: Gold Coast, Royal Children’s Hospital CYMHS catchment, Sunshine Coast. Funds from existing operational funds of BAC and Redlands Facility. Final locations and budget to be determined through a formal planning process. • Individual, family and group therapy, and rehabilitation programs operating throughout (but not limited to) school terms. • Core educational component for each young person – partnership with Education Queensland and vocational services required. This may be provided at the young person’s school/vocational setting, or from the day program site. • Flexible and targeted programs with attendance up to 5 days (during business hours) a week, in combination with integration into school, community and/or vocational programs. • Integrated with local CYMHS (acute inpatient and public community mental health teams). • Programs are delivered in a therapeutic milieu (from a range of settings including day program service location, the family home, school setting etc.). • Programs will support and work with the family, keeping them engaged with the young person's recovery. • Consumers may require admission to Adolescent Acute Inpatient Unit (and attend the Day Program during business hours). • Proposal of 12 - 15 program places per Day Program (final places and budget should be determined as part of formal planning process).

Proposed Service Model Elements Adolescent Extended Treatment and Rehabilitation Services (AETRS)

Attribute	Details
	<p>Tier 2b: ¹Community Residential Service (24h/7d).</p> <ul style="list-style-type: none"> • <u>Existing Locations:</u> Nil services currently. Note: Cairns Time Out House Initiative for 18y+. • <u>Possible New Locations:</u> Sites where Day Programs are currently delivered; Townsville identified as a priority in order to meet the needs of North Queensland families. Funding from existing operational funds of BAC and Redlands Facility. Final locations and budget to be determined through a formal planning process. • Day Program attendance as in Tier 2a during business hours. • This tier incorporates a bed-based residential and respite service for adolescents after-hours and on weekends (in the community). • There is potential for one or more of these services to provide 'family rooms', that will temporarily accommodate family members while their young person attends the Day Program or the Adolescent Acute Inpatient Unit (for example, in Townsville). • Integrated with local CYMHS (acute inpatient, day program and public community mental health teams). • Residential to be a partnership model for service delivery between a community-based service provider and QH – multidisciplinary staffing profile including clinical (Day Program) and community support staff (community-based provider). Partnership to include clinical governance, training and in-reach by CYMHS. • Residential component only provides accommodation; it is not the intervention service provider but will work closely with the intervention service provider to maintain consistency in the therapeutic relationship with the young person. • On-site extended hours visiting service from CYMHS Day Program staff. <p>Tier 3: Level 6 CSCF. Statewide Inpatient Extended Treatment and Rehabilitation Service (24h/7d)².</p> <ul style="list-style-type: none"> • <u>Possible Location:</u> S.E. Qld. Source of capital funding and potential site not available at current time³. Acknowledge accessibility issues for young people outside S.E. Qld.

¹ Note: The Department of Health takes a 'provider agnostic' view in determining non clinical support and accommodation services. Decisions to contract service providers will be determined by service merit, consumer need and formal planning and procurement processes.

² The Department of Health acknowledges the dedicated school and expertise provided by the Department of Education Training and Employment (DETE). The Department of Health values and supports partnership with DETE to ensure that adolescents have access to appropriate educational and vocational options to meet their educational/vocational needs.

³ Until funding and location is available for Tier 3, all young people requiring extended treatment and rehabilitation will receive services through Tiers 1 and 2a/b (i.e., utilising existing CYMHS community mental health, Day Programs and Acute Inpatient Units until the new Day Programs and residential service providers are established). It is emphasised that this is not proposed to be a clinically preferred or optimal solution, and significant risks are associated with this interim measure.

**Proposed Service Model Elements
Adolescent Extended Treatment and Rehabilitation Services (AETRS)**

Attribute	Details
	<ul style="list-style-type: none"> • For young people whose needs could not be met by Tiers 1 and 2 above, due to risk, severity or need for inpatient extended treatment and care. These young people's needs are not able to be met in an acute setting. • In-patient therapeutic milieu, with capacity for family/carer admissions (i.e. family rooms). • All other appropriate and less restrictive interventions considered/tested first. • Proposal for approximately 15 beds – this requires formal planning processes. • Medium term admissions (approximately up to 12 months; however, length of stay will be guided by individual consumer need and will therefore vary). • Delivers integrated care with the local CYMHS of the young person. • Individualised, family and group rehabilitation programs delivered through day and evening sessions, available 7 days/week. These must include activity based programs that enhance the self esteem and self efficacy of young people to aid in their rehabilitation. As symptoms reduce, there is a focus on assisting young people to return to a typical developmental trajectory. • Consumers will only access the day sessions (i.e. Day Program components) of the service if they are an admitted consumer. • Programs maintain family engagement with the young person, and wherever possible adolescents will remain closely connected with their families and their own community. • Young people will have access to a range of educational or vocational support services delivered by on-site school teachers and will be able to continue their current education option⁴. There is an intentional goal that young people are integrated back to mainstream community and educational/vocational activities. • Flexible and targeted programs will be delivered across a range of contexts including individual, school, community, group and family.
Service specifications and other descriptors to illustrate service elements	
Target Age	<ul style="list-style-type: none"> • 13 - 17 years, with flexibility in upper age limit depending on presenting issue and developmental (as opposed to chronological) age.
Diagnostic Profile	<ul style="list-style-type: none"> • Severe and persistent mental health problems that significantly interfere with social, emotional, behavioural and psychological functioning and development. • Treatment refractory/non responsive to treatment - have not been able to remediate with multidisciplinary community, day program or acute inpatient treatment. • Mental illness is persistent and the consumer is a risk to themselves and/or others. • Medium to high level of acuity requiring extended treatment and rehabilitation.

⁴ The provision of education at this level requires focused consideration; an on-site school and education program is proposed as a priority.

Suggested modelling attributes	
Average duration of treatment	<p>Tier 2a:</p> <p>Level 5 Day Program Services (Mon – Fri business hours)</p> <ul style="list-style-type: none"> • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. <p>Tier 2b:</p> <p>Community Residential (24h/7d)</p> <ul style="list-style-type: none"> • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. • Access to a community residential service requires the young person to be actively participating in a program with CYMHS. <p>Tier 3:</p> <p>Level 6 Statewide Inpatient Extended Treatment and Rehabilitation Service (24h/7d)</p> <ul style="list-style-type: none"> • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. • Young people may be discharged from this Service to a Day Program in their local community.
Staffing Profile	<p>Tier 2a:</p> <p>Level 5 Day Program Services (Mon – Fri business hours)</p> <ul style="list-style-type: none"> • Multidisciplinary, clinical. • Plus staffing from community sector. • DETE. <p>Tier 2b:</p> <p>Community Residential Service (24h/7d)</p> <ul style="list-style-type: none"> • Multidisciplinary, clinical. • Plus staffing from community sector. <p>Tier 3:</p> <p>Level 6 Statewide In-patient Extended Treatment and Rehabilitation Service (24h/7d)</p> <ul style="list-style-type: none"> • Multidisciplinary, clinical. • DETE.
Additional notes	
Referral Sources and Pathways	<p>While service provision across all Tiers of this AETRS continuum is based on interdisciplinary collaboration and cross-agency contribution, a referral to Tiers 2a, 2b and/or 3 will require a CYMHS assessment (i.e., single point of entry).</p> <p>Increased accessibility to AETRS for consumers and their families across the State is a key priority.</p>

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	The Tier 3 statewide service will establish a Statewide Clinical Referral Panel. All referrals will be received and assessed by the Panel, which has statewide representation from multidisciplinary mental health clinicians and the community sector.
Complexities of Presentation	<ul style="list-style-type: none"> • Voluntary and involuntary mental health consumers. • The highest level of risk and complexity.

This document was endorsed by the Expert Clinical Reference Group of the Barrett Adolescent Strategy on 8 May 2013.
Please read in conjunction with the v5 Preamble.

Dr Leanne Geppert
Chair, Expert Clinical Reference Group

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Attachment: 3



Attachment 3

Adolescent Extended Treatment and Rehabilitation Services (AETRS) Planning Group Recommendations

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

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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.</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
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>Accept with caveats.</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>

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West Moreton Hospital and Health Board

BOARD COMMITTEE AGENDA PAPER

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 caveats.</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>
<p>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>	<p>Accept with caveat.</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
<p>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>	<p>Accept.</p> <p>Note that this service could be provider agnostic.</p>

EXHIBIT 50

West Moreton Hospital and Health Board

BOARD COMMITTEE AGENDA PAPER

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.

BOARD COMMITTEE AGENDA PAPER

Committee: West Moreton Hospital and Health Board

Agenda Item Number: 4.3



Attachment: 4



Attachment 4**MEDIA HOLDING STATEMENT**

Xxx 2013

Please attribute the following to West Moreton Hospital and Health Service Chief Executive, Ms Lesley Dwyer:

1. IF NO DECISION IS MADE

No decision about the future of Barrett Adolescent Centre has been made.

The Expert Clinical Reference Group has now concluded its investigation of options for a statewide model of care for young people requiring longer term mental health treatment.

The group has put forward seven recommendations for consideration, and these recommendations are now being considered by West Moreton Hospital and Health Service.

Our goal is to ensure no adolescent goes without the expert mental health care they require. Any decision made by the Health Service will take into account the need for a consistent, best-practice approach to caring for young people requiring longer term mental health treatment.

We must also consider the delivery of contemporary models of care for young mental health consumers in an environment that is safe for them and this may include partnerships with non-government organisations.

2. IF DECISION IS MADE TO CLOSE BAC

West Moreton Hospital and Health Service is committed to ensuring no adolescent goes without the expert mental health care they require.

It has been determined that it is in the best interests of young people requiring longer term mental health treatment that Barrett Adolescent Centre (based at The Park Centre for Mental Health) will close. The Park is a high secure adult mental health facility. It is not a suitable place for adolescents. Our goal now is to ensure our youth are cared for in an environment that is best suited to 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.

The Barrett Adolescent Centre will close by the end of September 2013. However, I can assure consumers, their families and the community that closure of the Barrett Adolescent Centre will not mean that this very important type of mental health care for young people will no longer be available in Queensland. On the contrary, it is planned to direct additional, new mental health resources to local communities across the State, so that young people have greater access to high quality mental health services closer to home. These additional resources will specifically support young people with longer term mental health needs.

The decision to close Barrett Adolescent Centre follows thorough investigations by an Expert Clinical Reference Group which put forward seven recommendations for a statewide service for young people requiring longer term mental health.

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West Moreton Hospital and Health Board

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West Moreton Hospital and Health Service has accepted all seven of the recommendations from the Expert Clinical Reference Group. The HHS will now work closely with other hospital and health services across the state, as well as other mental health care providers to action these recommendations and establish services that meet the needs of these young people. Under a new statewide model of care, Queensland's youth will continue to receive the excellent mental health care that they have always received.

ENDS

Media contact: 

BOARD MEETING
IPSWICH HOSPICE

24 5 2013

REDACTED



14 CAMERA SESSION

REDACTED



REDACTED



*occ. HEALTH
~~PATIENT~~ SAFETY*

REDACTED



PATIENT SAFETY

REDACTED



(3)

MATER SPRINGFIELD

REDACTED

BARRETT

Despite the concerns over the physical framework/structure, high concerns anyway over the treatment regime and questionable practices.

Decided in principle to discontinue for a range of reasons and now seeking Govt. + stakeholder to move towards the alternative model developed by the EPRG as soon as possible.



Board Meeting

Jul 26, 2013 at 09:00 - 17:00

Conference Room

Gatton Hospital

EXHIBIT 50

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER

Committee: Board Meeting			
Meeting Date:	26 July 2013	Agenda Item Number:	7.2
Agenda Subject:	Barrett Adolescent Centre Update		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: Executive Director, Mental Health & Specialised Services	Date:	18 July 2013
<input type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input type="checkbox"/> Funding impacts are included within approved budget <input type="checkbox"/> Risks are identified and mitigation/management strategies included <input type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note actions within the month of July that support the in-principle decision of the Board to close the Barrett Adolescent Centre (BAC).

Note the closure date of BAC has been advised to the Minister for Health as 31 December 2013.

Background

1. Refer to Board paper of 24 June 2013.

Key Issues or Risks

2. Minister to be updated regarding proposed closure of BAC, plan for development of alternatives and community engagement strategy as well as decision not to accept any further patients into BAC
 - a. Meeting held with Minister Monday 15 July 2013.
 - b. Minister supportive of briefing and closure on the proposed date of 31 December 2013.
 - c. Minister requested the following actions occur prior to announcement of closure:
 - i. Communication plan and frequently asked questions be confirmed with his communications office.
 - WMHHS Communications Naomi Ford to action by Tuesday 23 July.
 - ii. Communication with QMH Commissioner to occur.
 - Verbal briefing with Commissioner occurred early July; formal brief regarding decision provided to Commissioner Thursday 18 July.
 - iii. Leader of Opposition be advised of decision.
 - Progression occurring through WMHHS Communications.
 - iv. Department of Education – Director General be briefed prior to announcement.
 - Department aware through verbal discussions and are supportive; formal briefing currently in progress.
3. Development of alternate service options
 - a. A formal announcement was made by the Department of Health this week for the progression of a YPARC service through NGO tender process; to be established by January 2014. YPARC will provide one option of alternative care for adolescents in the target group.
 - b. The YPARC model (well developed in Victoria - Youth Prevention and Recovery Care) is a youth focussed short term step up/step down residential rehabilitation program, run by NGO with in reach clinical services. The focus age group for Queensland should align with the current admission criteria to the BAC
4. Timing of announcement
 - a. A detailed plan regarding the timing of the announcement is required to ensure staff and consumers are advised prior to a broader public announcement. This planning is underway.
 - b. Due to the recent announcement of the YPARC tender by the Department of Health, a new wave of growing concern is occurring across the sector regarding the future of BAC.
 - c. There is a risk that questioning at Estimates may result in further speculation prior to any formal announcement – holding statements have been prepared to mitigate this risk.

Consultation

5. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.
6. All other agreed consultation has been progressed and support has been provided for actions taken to date.

Financial and other implications

7. Remains in alignment with previous papers on this topic.

Strategic and operational alignment

8. The closure of BAC and cessation of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

That the West Moreton Hospital and Health Board:

Note actions within the month of July that support the in-principle decision of the Board to close the Barrett Adolescent Centre (BAC).

Note the closure date of BAC has been advised to the Minister for Health as 31 December 2013.

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	23 August 2013	Agenda Item Number:	7.1
Agenda Subject:	Barratt Adolescent Strategy		
Action required:	<input type="checkbox"/> For Recommendation	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: ED, Mental Health and Specialised Services	Date: 14 August 2013	
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note current actions in relation to the implementation of the Barrett Adolescent Strategy

Background

1. Investigations into contemporary model of care for Adolescents requiring extended treatment and rehabilitation mental health care were commenced in November 2012 utilising a range of strategies
2. The Board supported in principle the recommendations of the Expert Clinical Reference Group at its May 2013 meeting with some further high level communication and risk mitigation strategies prior to progressing to announcement and implementation.
3. Progress presented to The Board July meeting and community announcement occurred by The Minister for Health, Mr Lawrence Springborg on Tuesday 6 August.

Key Issues or Risks

4. Communication Strategy
 - a. in depth communication plan developed for announcement with endorsement by strategic partners and Minister office.
 - b. All steps in plan adhered to and undertaken within 3 days of announcement
 - c. Key notes :-
 - i. Staff were advised prior to announcement by ED MH&SS and Chief Executive WMHHS. Included in the meeting were the Department of Education Director and HR staff.
 - ii. All current consumers and their carers were individually spoken to prior to announcement publically with positive responses.
 - iii. Key themes were the positive response to the statewide governance changes to Children Health Queensland; the commitment to ensure current and future consumers will be supported into contemporary models.
 - iv. Media has been underwhelming in negativity and all concerns raised by individuals are being attended to as a priority.
5. Patient discharge strategy
 - a. all current consumers have an up to date discharge plan
 - b. a number of consumers were identified for discharge over the next four months
 - c. the treating team have already commenced discussions with each of the family carer's to identify what resources or care may be required by the consumer post December 2013.
 - d. Consumers on the wait list have been identified and correspondence provided outlining the process to occur.
 - e. Receiving HHS services are engaged in each of these consumers as well to identify what care or alternate services may be required post closure of the BAC facility.
 - f. Current negotiations are occurring with the Clinical Director regarding the appropriateness or requirement for short term admissions for some on the wait list.
6. Risk management of service whilst EFTRU has opened and adolescents remain on campus
 - a. Extended Forensic Treatment and Rehabilitation Unit opened to first consumers 29 July 2013.

EXHIBIT 50

West Moreton Hospital and Health Board

BOARD MEETING AGENDA PAPER

- b. First tranche of consumers was direct transfer from the Extended Treatment Rehabilitation unit, already locate on the premises. (aim to test facility etc and staff learning prior to a more significant secure cohort being admitted)
 - c. Planning for each month a further increase in consumers transferred from the High Secure unit will occur depending on their acuity and consequent full capacity anticipated by January 2014.
 - d. Each consumer is risk assessed as to their ability to manage in the new environment.
 - e. As a risk mitigation strategy adolescent consumers are not allowed ground access without escort during this transition phase.
7. Transition of governance
- a. Initial meetings have been had with the Children's Health Queensland and MHAOD branch
 - b. A field trip to Victoria to consider alternate models in action is occurring over the 14 August to 16 August by senior clinicians CHQ and representatives of WMHHS.
 - c. Implementation plan and progression by CHQ for the first meeting of the implementation group under way.
 - d. The implementation group will report to an oversight group which is Chaired by Deputy Director General Dr Michael Cleary and will have representation from the appropriate HHSs who provide adolescent services.

Consultation

8. Significant consultation has occurred during the process with internal and external stakeholders.

Financial and Other Implications

9. Budgets attached to the BAC will be removed once the full transition has occurred in early 2014.
10. Ongoing political and reputational implications should any significant incident or adverse media occur during this transition phase.

Strategic and Operational Alignment

11. The closure of BAC and removal of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

That the West Moreton Hospital and Health Board:

Note current actions in relation to the implementation of the Barrett Adolescent Strategy

Attachments

Nil

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	29 November 2013	Agenda Item Number:	3.3
Agenda Subject:	Barrett Adolescent Centre Update		
Action required:	<input type="checkbox"/> For Recommendation	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Dr Leanne Geppert	Position: A/ED Mental Health and Specialised Services	Date: 20 November 2013	
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy.

Background

1. Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy
 - a. Community statement made by Minister for Health, Mr Lawrence Springborg on 6 August 2013 that new service options for adolescent extended treatment and rehabilitation will be available in early 2014 and Children's Health Queensland (CHQ) Hospital and Health Service (HHS) will hold governance of new service options.
 - b. Statewide project established and governed by CHQ to progress the implementation of new service options. West Moreton HHS working as a partner in this process.
 - c. The foundation work for the statewide implementation project is the work completed through the Barrett Adolescent Strategy (November 2012 – April 2013), which culminated in the seven recommendations of the Expert Clinical Reference Group being supported by the West Moreton Hospital and Health Board in May 2013, based on extensive consultation and no gap to service provision for the adolescent target group.
2. Ongoing Barrett Adolescent Centre (BAC) Service Delivery
 - a. BAC is a 15-bed inpatient service located at The Park that also offers day program services.
 - b. The Barrett Adolescent Strategy was a statewide project that commenced in response to the BAC facility not meeting building standards and due to The Park becoming an adult-only, secure forensic facility by 2014.
 - c. A flexible date of the end of January 2014 has been identified as the closure date for the BAC facility. This date will be responsive to West Moreton HHS establishing alternative transition service options thereby ensuring no gaps to service delivery.

Key Issues or Risks

3. Statewide Project
 - a. The Statewide Steering Committee chaired by CHQ has convened seven times since 26 August 2013.
 - b. Two working groups have been established - Service Options and Finance/HR.
 - c. The Service Options Working Group conducted a one half-day forum on 1 October 2013 and consisted of statewide, multidisciplinary clinician representation. The work of this group is currently being finalised out of session. Parent and carer input to the service options has been received through written submissions, and two of these parents have met with the Statewide Steering Committee to present their submission in person.
 - d. The first meeting of the Finance/HR Working Group was held on 22 October 2013 and was attended by representatives from West Moreton and CHQ HHSs. Further feedback and direction from the Statewide Steering Committee has been provided and this working group is no longer required and will not be reconvened. The financial transfer process will be progressed through

direct collaboration by the West Moreton and CHQ HHSs. All HR issues will be managed by West Moreton HHS.

- e. The care planning for current BAC consumers and those on the waitlist is being progressed by West Moreton HHS Clinical Care Transition Panels.
- f. A draft joint communication strategy between West Moreton HHS and CHQ has been developed and there is an agreement for the HHSs to work closely together when meeting with BAC parents/carers and media.

4.

Current Response and Closure of BAC:

- c. Weekly oversight meetings are ongoing with the Dr Anne Brennan (A/Clinical Director of BAC), Dr Elisabeth Hoehn (Program Director, Child and Youth Mental Health Services [CYMHS] CHQ) and the Mental Health & Specialised Services executive team to identify ongoing issues and action timely responses. A West Moreton HHS Communications team member will also attend these meetings on a regular basis.
- d. Department of Education Training and Employment remains connected through regular contact with the Assistant Regional Director, School Performance, Metropolitan Special and Specific Purpose Schools.
- e. A flexible closure date of the end of January 2014 for the BAC Building has been announced. This date is dependent on all patients having appropriate transition plans in place and continuity of service delivery.
- f. West Moreton HHS has increased the amount of contact with the parents and carers, including personal phone calls from the Executive Director, Sharon Kelly. A follow up letter has also been sent to parents/carers to provide a personal update on BAC. Additionally, the clinical team at BAC have increased their contact with parents/carers, and in some cases have instigated weekly meetings for additional support.
- g. The patient advocate continues to be a source of support for parents/carers.
- h. Dr Sandra Radovini (a renowned child and youth psychiatrist from Victoria) has been invited by West Moreton HHS to Queensland on 10 and 11 December 2013 to share her experiences of delivering extended mental health treatment and rehabilitation services in Victoria. During her visit, Dr Radovini will meet with the parents/carers of BAC consumers, and in a separate function, she will then meet with invited child and youth specialists from across Queensland.
- i. West Moreton HHS has been recently informed that the new statewide service options may take a further 12 months to be fully established. In order to ensure there is no gap to service delivery, West Moreton HHS has commenced planning interim service options for current BAC patients and other eligible adolescents across the state that would benefit from extended treatment and rehabilitation. Consultation has occurred with the Department of Health and CHQ. The current proposal consists of the following elements that will be delivered in partnership with a non government service provider:
 - Activity Based Holiday Program (Phase 1 – From mid December 2013 until end January 2014);
 - West Moreton HHS Transition Service incorporating an intensive mobile outreach service, day program and supported accommodation (Phase 2 – From February 2014 until December 2014); and
 - Transition to Statewide Adolescent Extended Treatment and Rehabilitation Services (Phase 3 mid to late 2014).

BOARD MEETING AGENDA PAPER**Consultation**

5. Comprehensive consultation continues with Department of Health, CHQ, Department of Education Training and Employment, Queensland Mental Health Commissioner and other HHSs.
6. Strategies have also been implemented to communicate regularly and directly with BAC staff and parents/carers via Fact Sheets, meetings, emails and personal phone calls.

Financial and Other Implications

7. Budgets attached to the BAC will be transitioned to CHQ in line with the progression of the statewide project.
8. There are ongoing political and reputational implications should any significant incident or adverse media occur during this transition phase.

Strategic and Operational Alignment

9. The closure of BAC and removal of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

That the West Moreton Hospital and Health Board:

Note current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy.

Attachment

1. West Moreton HHS Transitional Service Options Overview

BOARD MEETING AGENDA PAPER

Committee:	Board		
Meeting Date:	20 December 2013	Agenda Item Number:	7.2
Agenda Subject:	Barrett Adolescent Centre Update		
Action required:	<input type="checkbox"/> For Approval	<input type="checkbox"/> For Discussion	<input checked="" type="checkbox"/> For Noting
Author: Sharon Kelly	Position: ED Mental Health and Specialised Services	Date: 11 December 2013	
<input checked="" type="checkbox"/> Recommendation/s are consistent with Strategic Plan <input checked="" type="checkbox"/> Funding impacts are included within approved budget <input checked="" type="checkbox"/> Risks are identified and mitigation/management strategies included <input checked="" type="checkbox"/> Implications for patient and/or staff care and well-being have been identified			

Proposal

That the West Moreton Hospital and Health Board:

Note current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy.

Background

1. Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy
 - a. Community statement made by Minister for Health, Mr Lawrence Springborg on 6 August 2013 that new service options for adolescent extended treatment and rehabilitation will be available in early 2014 and Children’s Health Queensland (CHQ) Hospital and Health Service (HHS) will hold governance of new service options.
 - b. Statewide project established and governed by CHQ to progress the implementation of new service options. West Moreton HHS working as a partner in this process.
 - c. The foundation work for the statewide implementation project is the work completed through the Barrett Adolescent Strategy (November 2012 – April 2013), which culminated in the seven recommendations of the Expert Clinical Reference Group being supported by the West Moreton Hospital and Health Board in May 2013, based on extensive consultation and no gap to service provision for the adolescent target group.
2. Ongoing Barrett Adolescent Centre (BAC) Service Delivery
 - a. BAC is a 15-bed inpatient service located at The Park that also offers day program services.
 - b. The Barrett Adolescent Strategy was a statewide project that commenced in response to the BAC facility not meeting building standards and due to The Park becoming an adult-only, secure forensic facility by 2014.
 - c. A flexible date of the end of January 2014 has been identified as the closure date for the BAC facility. This date will be responsive to West Moreton HHS establishing alternative transition service options thereby ensuring no gaps to service delivery.

Key Issues or Risks

3. Statewide Project
 - a. The Statewide Steering Committee chaired by CHQ continues, with the proposed future model in final draft.
 - b. The care planning for current BAC consumers and those on the waitlist is being progressed by West Moreton HHS Clinical Care Transition Panels.
 - c. CHQ has recently launched their web presence in relation to the new models.

4.



Current Response and Closure of BAC:

- c. Weekly oversight meetings are ongoing with the Dr Anne Brennan (A/Clinical Director of BAC), Dr Elisabeth Hoehn (Program Director, Child and Youth Mental Health Services [CYMHS] CHQ) and the Mental Health & Specialised Services executive team to identify ongoing issues and action timely responses. A West Moreton HHS Communications team member will also attend these meetings on a regular basis.
- d. Department of Education, Training and Employment remains connected through regular contact with the Assistant Regional Director, School Performance, Metropolitan Special and Specific Purpose Schools.
- e. A flexible closure date of the end of January 2014 for the BAC Building has been announced. This date is dependent on all patients having appropriate transition plans in place and continuity of service delivery.
- f. Dr Sandra Radovini (a renowned child and youth psychiatrist from Victoria) visited West Moreton HHS on 10 and 11 December 2013 to share her experiences of delivering extended mental health treatment and rehabilitation services in Victoria. During her visit, Dr Radovini met with some parents/carers of BAC consumers, and in a separate function, she met with invited child and youth specialists from across Queensland.
- g. As West Moreton HHS has been recently informed that the new statewide service options may take a further 12 months to be fully established, West Moreton HHS has commenced planning interim service options as was presented at the last Board meeting for current BAC patients and other eligible adolescents across the state that would benefit from extended treatment and rehabilitation. Consultation has occurred with the Department of Health and CHQ. The current proposal has been endorsed by the Director General and funding supported and will commence with the holiday program elements from Monday 16 December.
- h. The Chairs of both West Moreton HHS and CHQ met with the Minister and a joint announcement with the Minister in regard to the future model of statewide adolescent services and the transition of the current BAC services is scheduled for 10 January 2014.

Staff within the Barrett Adolescent Centre

- i. As of this week, all staffing positions within the BAC have been declared redundant to Service.
- j. Unions were advised of this process some weeks ago and will continue to be engaged.
- k. The process followed will ensure all staff are considered for any current vacancies within the workplace including opportunities for retraining.
- l. Any staff who are not able to be placed in this process will proceed to redeployment and final redundancy.
- m. As the BAC will potentially close prior to the process being completed, all staff will be placed within the mental health pool and rostered across the facility to support other staff to take outstanding annual leave.

Consultation

- 5. Comprehensive consultation continues with Department of Health, CHQ, Department of Education Training and Employment, Queensland Mental Health Commissioner and other HHSs.
- 6. Strategies have also been implemented to communicate regularly and directly with BAC staff and parents/carers via Fact Sheets, meetings, emails and personal phone calls.

Financial and Other Implications

- 7. Budgets attached to the BAC will be transitioned to CHQ in line with the progression of the statewide project.
- 8. There are ongoing political and reputational implications should any significant incident or adverse media occur during this transition phase.

BOARD MEETING AGENDA PAPER**Strategic and Operational Alignment**

9. The closure of BAC and removal of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

That the West Moreton Hospital and Health Board:

Note current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy.

Attachment

Nil

EXHIBIT 50

- 3.2 I do not have work or professional experience of a clinical nature in the field of adult mental health. As noted in paragraph 2.1, between 1996 and 1998 I was employed by Queensland Health as Manager of Project 300 Community Mental Health Program. This was a program to transfer 300 adult long-stay psychiatric patients into community care .

4 On what date were you appointed to the position of Board Deputy Chair, West Moreton Hospital and Health Services (the Board) (and provide a copy of your Position Description)?

- 4.1 I was appointed to the position of Member and Deputy Chair of the West Moreton Hospital and Health Board (**WMHHB**) on 29 June 2012.

- 4.2 Attached and marked **TCE-2** is a copy of my letter of appointment and letter of re-appointment which together cover the period of my appointment

5 Provide the dates on which you were Acting Chair of the Board.

- 5.1 I do not have personal records of the dates on which I was Acting Chair of WMHHB. I have been advised that on the basis of a review of WMHHB records, I was Acting Chair during the following periods:

- (a) 29 June 2013 to 14 July 2013.
- (b) 27 August 2013 to 22 September 2013.
- (c) 16 February 2014 to 23 February 2014.

6 Identify the names of those other persons, and their positions, who sat on the Board between the period May 2012 and July 2014.

- 6.1 I ceased to be a member of the WMHHB on 17 May 2014 and I do not have access to records regarding other Board Members.
- 6.2 I have been informed that based on a search of the relevant records, the names of the other persons, and their positions, who sat on the WMHHB between the period May

.....
TIMOTHY CARL ELTHAM

14863766/1

.....
Witness ✓

page 2 of 46

2012 and when I ceased to be a member of the WMHHB were:

- (a) Dr Mary Corbett:
- (i) Chair (18 May 2012 to the present)
 - (ii) Chair of the Executive Committee, WMHHB
 - (iii) Member of the Finance Committee, WMHHB
- (b) Mr Paul Casos:
- (i) Board Member (29 June 2012 to 17 May 2014)
 - (ii) Deputy Chair (18 May 2014 to Present)
 - (iii) Chair of the Finance Committee, WMHHB
 - (iv) Member of the Executive Committee WMHHB
- (c) Dr Robert McGregor:
- (i) Board Member (29 June 2012 to Present)
 - (ii) Member of the Executive Committee, WMHHB
 - (iii) Member of the Safety and Quality Committee, WMHHB
- (d) Ms Melinda Parcell:
- (i) Board Member (29 June 2012 to Present)
 - (ii) Chair of the Safety and Quality Committee, WMHHB
- (e) Professor Julie Cotter:
- (i) Board Member (7 September 2012 to 1 April 2015)
 - (ii) Member of the Audit and Risk Committee, WMHHB
 - (iii) Member of the Finance Committee, WMHHB
- (f) Mr Alan Fry:
- (i) Board Member (7 September 2012 to 17 May 2014)
 - (ii) Member of the Safety and Quality Committee, WMHHB

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(iii) Member of the Audit and Risk Committee, WMHHB

6.3 I have been informed that Professor Sonj Hall and Mr Gary Edwards were appointed Board Members on 18 May 2014. As I ceased to be a Board Member on 17 May 2014, neither served on the WMHHB during the period I was a Board Member.

7 Explain your role and responsibilities in the position of Board Deputy Chair, including but not limited to your reporting relationships.

7.1 My role and responsibilities in the position of Deputy Chair were:

- (a) The Deputy Chair has the same role and responsibilities as an ordinary Board Member.
- (b) In addition to those responsibilities, pursuant to section 25(6) of the Hospital and Health Boards Act (**HHB Act**), the Deputy Chair is to act as Chair:
 - (i) during a vacancy in the office of the Chair; and
 - (ii) during all periods when the Chair is absent from duty or for another reason cannot perform the duties of the office.

7.2 During the period I held the position of Deputy Chair:

- (a) There were no periods when there was a vacancy in the office of the Chair.
- (b) I acted as Chair during the periods Dr Corbett was absent, the dates of which are stated in paragraph 5.1.

7.3 The position of Deputy Chair has no direct reporting relationships.

8 Explain the functions of the Board, including but not limited to, the Board's role and responsibilities with respect to the operations of:

(a) **the West Moreton Hospital and Health Service (WMHHS);**

8.1 Pursuant to section 22 of the HHB Act, WMHHB controls WMHHS, which has the

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functions stated in paragraph 19 of the HHB Act.

8.2 Pursuant to section 33 of the HHB Act:

- (a) WMHHB appoints a Health Service Chief Executive to manage the WMHHS. During the period I was a Board Member, the Health Service Chief Executive was Lesley Dwyer.
- (b) In managing the WMHHS, the Health Service Chief Executive is subject to direction by WMHHB.

8.3 The functions of the WMHHB are stated in the WMHHB Charter. Attached and marked **TCE-3** is a bundle comprising the WMHHB Charter dated 27 July 2012 and the updated WMHHB Charter dated 28 June 2013 which together cover the period during which I was a Board Member.

8.4 Specifically in relation to the WMHHS, both iterations of the WMHHB Charter state as functions of WMHHB:

- (a) To oversee and manage WMHHS.
- (b) To ensure that the services provided by WMHHS comply with the requirements of the HHB Act and the objectives of the WMHHS.

(b) **the Barrett Adolescent Centre (BAC);**

8.5 The Barrett Adolescent Centre (**BAC**) was an operational unit of the WMHHS. The WMHHB had responsibility for the good order and conduct of the WMHHS and to that extent, the operational units of the WMHHS, which included BAC.

8.6 Operational responsibility for BAC, as with all operational units of WMHHS, was a delegated responsibility of the WMHHS Executive.

(c) **the Mental Health, Alcohol and Other Drugs Branch (MHAODB); and**

8.7 The WMHHB had no role or responsibilities with respect to the operations of the Mental


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Health Alcohol and Other Drugs Branch (**MHAODB**).

(d) Queensland Health.

- 8.8 Pursuant to section 8 of the HHB Act, the Department of Health, through the Chief Executive (the Director-General of Health), is responsible for the overall management of the public sector health system including responsibility for:
- (a) State-wide planning;
 - (b) managing State-wide industrial relations;
 - (c) managing major capital works;
 - (d) monitoring Hospital and Health Service performance; and
 - (e) issuing binding health service directives to Hospital and Health Services.
- 8.9 The relationship between the Department and WMHHS is governed by the Service Agreement between the Director-General of Health (as Chief Executive) and WMHHS. Pursuant to section 35 of the HHB Act, the Service Agreement between WMHHS and the Department is executed by the Board Chair on behalf of the WMHHS.
- 8.10 There is no direct statutory relationship between the WMHHB and the Department.
- 8.11 There are no direct reporting relationships between the WMHHB and the Department, however:
- (a) The WMHHB is required to deliver an annual report for WMHHS to the Minister for Health.
 - (b) Under the WMHHB Charter, the Board Chair has responsibility to inform the Minister for Health about significant issues and events.
 - (c) As a matter of practice, the WMHHB, through the Board Chair reports significant matters to the Minister and/or may require assurance that such matters have been

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reported by the Health Service Chief Executive to the Director-General.

9 Explain the relationship the Board had with the MHAODB. If within your knowledge, explain the relationship between the MHAODB and the WMHHS.

- 9.1 The WMHHS had no relationship with the MHAODB.
- 9.2 As to the relationship between the MHAODB and the WMHHS, it was my understanding that:
- (a) MHAODB has an advisory role in respect of clinical and professional standards within mental health services State-wide. The Chief Psychiatrist, who is the head of MHAODB has a role in respect of patient-related matters.
 - (b) MHAODB plays a major role in managing budgets for capital works projects for mental health projects in Queensland and managing those on a State-wide basis.
- 9.3 On that basis, my understanding is that there would be constant contact between WMHHS and MHAODB in relation to professional standards and patient service matters in the mental health services being provided by WMHHS, and in relation to any capital works projects being developed within WMHHS in respect of mental health services.

10 During the period May 2012 until July 2014, what was your knowledge of and involvement in the 'Turnaround Plan' for Mental Health and Specialised Services? Please include details as to any briefings you gave or attended with respect to the 'Turnaround Plan' (and to whom, on what date, and for what purpose).

- 10.1 I am aware that there was a Turnaround Plan for the whole of WMHHS. The Health Service Chief Executive, Ms Dwyer developed the Turnaround Plan and presented it to the WMHHS. The purpose of the Turnaround Plan was to achieve greater efficiencies and service effectiveness within WMHHS. The Department of Health, as the System Manager, had mandated that achieving operational efficiency was to be a key priority for WMHHS.
- 10.2 I did not give any briefings with respect to the Turnaround Plan.



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- 10.3 As to briefings I attended with respect to the Turnaround Plan, progress with the Turnaround Plan was reported on at each WMHHB Board meeting. It was effectively a standing item in the Chief Executive's Report to the WMHHB for each meeting and Ms Dwyer also spoke to progress of the Turnaround Plan at a number of Board meetings.
- 10.4 I am not aware of a specific Turnaround Plan for Mental Health and Specialised Services, although having reviewed the Board papers for the period I was a Board Member, I note that is a reference in a Board Committee Agenda Paper for the meeting on 25 January 2013 which refers to a 'Mental Health Turnaround Plan Strategy (Barrett Adolescent Centre)'. I have no recollection of seeing a specific document of this or similar name.
- 10.5 I am aware that Mental Health Services was an area which was reviewed in relation to potential service improvements and cost efficiencies. In that regard, a Board Committee Agenda Paper for the meeting of the WMHHB on 14 December 2012 noted that a meeting was proposed for the Board Chair, Mary Corbett, the WMHHS Chief Executive, Lesley Dwyer and the Executive Director Mental Health and Specialised Services, Sharon Kelly, to meet with the then Minister for Health to brief the Minister on proposed changes and current issues in Mental Health and Specialised Services. Attached and marked **TCE-4** is a copy of the Agenda Paper and attached proposed speaking notes which set out the matters it was anticipated would be discussed with the Minister.
- 10.6 My understanding is that an overtime practices review was conducted within Mental Health Services to address efficiency and effectiveness within Mental Health Services consistent with the objectives of the Turnaround Plan. To the best of my knowledge, this was focussed on overtime practices at the adult service at The Park Centre for Mental Health (**The Park**). In that regard, I refer to my handwritten notes of matters discussed at the meeting on 14 December 2012. Specifically in relation to mental health strategy, the main issue I noted was in relation to changing workforce culture which was 'mainly one of entitlement'. I noted that an audit had revealed many discrepancies between overtime claimed and actually worked. I noted 'in the short term, will crack down on the overtime. Change models of care to employ fewer expensive nurses and more cheaper ones'. The audit and proposed responsive actions related to



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