EXHIBIT 734

Mental Health Alcohol and Other Drugs Branch

Leadership Matters:

The Sixteenth Forum for Senior Mental Health Leaders

Summary Report

Tuesday 29 April 2014

Hotel Urban, Brisbane

EXHIBIT 734

Overview

The Sixteenth Leadership Matters: Forum for Senior Mental Health Leaders was held in Brisbane on 29 April 2014 at Hotel Urban. *(see Appendix A for the Attendance List).*

The purpose of the Senior Leadership Forum is to provide an opportunity for mental health leaders to:

- receive information on emergent health policy development and reforms,
- highlight and discuss significant health service initiatives,
- provide an opportunity to peer network and share the achievements and challenges from each Hospital and Health Services (HHS)s.

The April forum provided a range of relevant sessions including a focus on the Queensland Mental Health Commission's Mental Health and Drug Strategic Plan, Activity Based Funding (ABF), Alcohol and Other Drugs (AOD) governance, recovery oriented service and frameworks and many other topics. *(see Appendix B - Agenda).*

Mental Health Alcohol and Other Drugs Branch – Introduction – *Dr Bill Kingswell*

Dr Kingswell welcomed forum delegates, and introduced Mr Nick Steele who was to co-present with him on ABF and how it relates to public community mental health services.

Activity Based Funding and community mental health services – *Mr Nick Steele, Ms Megan Mercer & Dr Bill Kingswell*


Ppt_Nick Steele.ppt


Ppt_Bill Kingswell.ppt

Mr Steele provided a presentation on the complex topics of Activity Based Funding (ABF) and Queensland Health's purchasing framework.

Some key points included:

- Use of the Demand model, which is based on "the more you do the more you get paid"
- ABF and purchasing in 2014-15 require no more than 10 KPIs for the state.
- Mental health is not a separate stream in the purchasing framework, but incorporated into other streams.
- Need to recycle and re-profile some non ABF activities.
- Growth funding focuses on HHSs that are challenged in meeting their health needs with different growth funding going to each HHS.

Ms Megan Mercer, also from Healthcare Purchasing, Funding and Performance Management Branch, presented detailed information on funding to Hospital and Health Services (HHS). See attached presentation.

Some key points included:

- The Queensland model pays higher than the National Efficient Pricing (NEP) model.
- The Mental Health Price weights for designated units.
- 2014-15 mental health purchasing levels are rolled up and pooled for accuracy, with only one line in the Service Agreement with each HHS.
- There is a lack of clarity about the services purchased which may result in inconsistent purchasing.
- Queensland Health (QH) needs to determine how to manage future community service investment, as all growth in the past has been directed into ABF and not into community services.

Dr Kingswell gave an outline of developments at a national and Queensland level in relation to costing and purchasing of mental health services.

Dr Kingswell outlined the findings of a QCMHR report commissioned by the Department into the cost, capacity and activity of public sector community mental health services in the context of relevant benchmarks. The report has recommended the introduction of a shadow funding model, to be implemented from 1 July 2014. The Department will therefore implement a shadow model for specialised community mental health services to operate in 2014-2015. The shadow model will not influence funding allocations for 2014-2015, but may inform future allocation decisions.

The shadow model provides for ambulatory care "packages" against 9 models of service groupings. Packages are further categorised into subtypes of treating and assessment. Statewide average costs for each form of package have been developed based on analysis of clinical input into packages, caseload and discipline type, as recorded in CIMHA. Statewide average costs will form the basis for draft prices for the shadow year.

The shadow model also provides for minimum purchasing expectations against individual packages, which include requirements around recorded consumer participation, case review, outcomes collection, and recorded diagnosis. Performance of most services is good against these components, however many packages currently do not meet all four requirements.

Dr Kingswell outlined how the funding model would have worked if applied to 2012-13 financial year, and including the topic of funding residuals (ie funding not explained by the package activity). This block funding residual could reflect unaccounted factors such as case complexity, or may indicate differences in efficiency.

To ensure that the model fully reflects the full range of clinical costs, mental health services should be strongly encouraged to fully record all clinical activity in CIMHA, in line with established business rules.

A discussion followed about improvements required in the Alcohol and Other Drugs (AOD) arenas of records, data collection and Model of Service. There were concerns expressed about the integration of AOD and mental health services and the policy decisions around the merger of the two service sectors.

Drug Policy Modelling Project – Review of Australian AOD prevention and treatment services – *Ms Rebecca MacBean*

Ppt_Rebecca Macbean_QNADA.ppt

Ms MacBean provided a comprehensive presentation on the AOD service review. She described the key components of the review process which include:

- Review of the service funding;
- Analysis of the service planning;
- Analysis of the gap between met and unmet need;
- Review of the funding model;
- Identification of innovation in practise and
- Analysis and interpretation of funding arrangements and service contracting.

Other key points from the review include that:

- The Review team reports to the Commonwealth;
- Payment performance is not appropriate. There is a preference to move to block fund AOD services;
- Many AOD services are underfunded and under resourced;

- AOD sector need evidence informed funding and service delivery practises;
- There is a significant unregulated market of AOD services regardless of the lack of evidence of their success;
- There is a need to determine the costs and quality of services in the private AOD sector;
- There is a need for agreed AOD standards, good practise guidelines and realistic outcome measures;
- There is a need to increase non-clinical services in AOD;
- Discussion occurred around the integration of mental health and AOD services and MHAODB commitment to this integration;
- The illegal aspects of AOD use present challenges to the AOD service sector, and
- Successful continuity of care requires seamless transition from GP to detox service to residential service.

Update on the Service Improvement Group
Ms Linda Hipper

Ppt_Linda Hipper.ppt

Ms Hipper's update on the Service Improvement Group (SIG) included information on the Group's background, purpose, functions, governance and memberships. She advised that SIG convened an action planning meeting in February 2014, resulting in the establishment of a working group to progress the development of the AOD SIG Action Plan to clarify the strategic direction of SIG's future work. The goals that were prioritised for future work include:

- Development of AOD Model of Care;
- Development of standardised performance indicators and outcome measures, and
- Clinical documentation of standardised suite and the interface with electronic databases.

To initiate the implementation of this work, SIG distributed a survey to identify current AOD service delivery in HHSs and non-government organisations.

Update on the Statewide Adolescent Extended Treatment and Rehabilitation Strategy
Dr Stephen Stathis

Ppt_Stephen Stathis.ppt

Model of Care A3 Overview for Dist'n S

Dr Stathis delivered a presentation on the Queensland Adolescent Extended Treatment and Rehabilitation Strategy (AETRI). He discussed the closure of the Barrett Adolescent Centre (BAC) and the concerns about BAC consumer's inflated stays from an average of 4 months to 17 months with some adolescents remaining in the facility for up to [redacted] years. He advised of the need for a radical change of the model of care which emerges from contemporary, evidence based strategic planning.

He outlined the recommendations of the Expert Clinical Reference Group (ECRG) that reported to theWest Moreton HHS, until the responsibility for future adolescent extended treatment services was transferred to Children's Health Queensland (CHQ) HHS under the Statewide Adolescent Mental Health Extended Treatment Steering Committee. After extensive consultation and research CHQ proposed tiered Model of Care options that align to some extent with the ECRG recommendations. These comparable Models of care are provided in the table below.

Tiers	ECRG recommendations	CHQ recommendations
1	Public Community Child and Youth Mental Health Service	Community Child and Youth Mental Health Services (CYMHS) and e-CYMHS (existing)
2 a	Adolescent Day Program Service	Adolescent Day Program Services (currently Townsville Mater Hospital and Toowoomba and a recommendation for 3 additional day programs) and Assertive mobile Youth Outreach Services (existing and new)
2 b	Adolescent Community Residential Service	Adolescent Residential Rehabilitation Units and Step Up/ Step Down Units (new)
3	Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service	Statewide Adolescent Subacute Bed-Based Unit (new)
		Note: The service continuum includes Acute Adolescents Inpatient Units, which are out of scope for this initiative.

Dr Stathis emphasised that CHQ HHS's new Lady Cilento Hospital will not be providing a service that replicates the BAC, but will provide on the Minister's instruction, the potential for adolescents requiring inpatient services to access two acute beds as a "last resort" option. It is hoped that these beds will not be in great demand as the range of alternative care strategies meet the needs of adolescents experiencing mental health issues. These include Assertive Mobile Youth Outreach Services (AMYOS), day services, step up/step down services, subacute beds, a residential rehabilitation unit, video conferencing with consulting psychiatrists in rural areas etc.

Dr Stathis expressed concern about services available to adolescent forensic patients, as they require wrap around services that are a challenge to deliver in Queensland's decentralised mental health service structure.

Review of episodes of AWOPs within Department of Health mental health services
Dr John Reilly & Ms Janet Martin

Since 2013 a number of strategies have been introduced across Queensland to minimise the occurrence of Absence Without Permissions (AWOPs) including:

1. Clinical risk management strategies, e.g.
    - Risk assessment to identify patients at high risk of AWOP;
    - Development of specific management plans for patients to prevent AWOP, and
    - Development of specific management plans if patients are AWOP.
2. Ensure appropriate internal escalation of AWOP;
3. Review of AWOP processes and creation of 'high risk' and 'not high risk' checklists
4. Notification of Limited Community Treatment
5. Locking of Adult Acute Mental Health Inpatient Units (AAMHIU);
6. Benchmark Queensland AWOP rates against other jurisdictions if possible;
7. Service provision of data on AWOP to MHAODB;
8. Patient identification to be compliant with the National Quality and Safety Health Service Standards (NQSHSS) standard 5;
9. Structural changes to be considered as appropriate in consultation with MHAODB, and
10. AWOP from Extended Treatment and Rehabilitation Units (ETRU) to be reported similarly to AWOP from AAMHIUs.

The Deputy Director-General, Health Services and Clinical Innovation Division has requested a review of the impact of these changes to date and further consideration of strategies to maintain a focus on clinical quality improvements and procedural integrity in relation to AWOP.

The review will seek to answer the following questions:

1. Have there been changes in processes relating to AWOP?
2. Have there been changes in AWOP rates with implementation of the changes?
3. Are there temporal links or other evidence suggesting impact of particular changes?
4. Are there 'high risk' patients that can be identified that would lead to an individual approach to risk management rather than a group approach?
5. Are there any services that have high or low comparative rates of AWOP?
6. Are there specific characteristics of services, their patient population or their clinical practices that vary between services with high and/or low rates?
7. Are there possible clinical quality improvement strategies that may lead to reduction in AWOP rates?
8. Are there any other strategies that may lead to reduction in AWOP rates?

MHAODB is currently briefing the Director-General in relation to the intent and progress of this review. More detailed communication will occur with Hospital and Health Services in the future as required to inform the progress of the review.

Peer support provision at the Logan and Bayside Community Care Unit
Dr Frances Dark

Ppt_Frances Dark.ppt

Dr Dark provided information on aspects of peer support including:

- The history of Consumer Operated Services and the peer workforce;
- Evidence to support the expansion of peer support services within the continuum of community care;
- The need for increased training and greater professionalisation of the peer workforce;
- Research and evaluations of consumer operated services and the need for evaluating the use of peer support workers in CCUs as integrated mental health services;
- Enhanced recovery outcomes of services incorporating peer support and intentional peer support;
- An "Integrated" CCU staff profile may include:
    - Manager;
    - Medical Staff;
    - Nursing staff;
    - Occupational Therapist;
    - Social Worker;
    - Psychologist and
    - Peer Support Workers
- Role of peer workers and community managed organisations in the CCU environment;
- Concerns from Queensland Health staff about working with peer workers and
- Perceptions of peer workers by CCU consumers.

National Framework for Recovery Oriented Services
Ms Melody Edwardson

Ppt_Melody Edwardson.ppt

Ms Edwardson provided an overview of the National Framework for Recovery-Oriented Mental Health Services which was formally launched by the Chair of the Australian Health Ministers' Advisory Council (AHMAC) at the Mental Health Services Conference on 21 August 2013.

She advised that the framework describes the practice domains and key capabilities required for the mental health workforce to operate in accordance with the recovery approach. The Framework supports consistent and high quality recovery oriented service delivery and practise nationally.

The link below provides access to the Australian Department of Health's webpage on the Framework and to the two main documents i.e. a "Guide for practitioners and providers" and a "Policy and theory" document:

http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovfra

Reflections from the Director of Social Inclusion and Recovery
Ms Gabrielle Vilic

Ppt_Gabrielle Villic.ppt

Ms Villic reflected on her experiences in her newly established position as Director of Social inclusion and Recovery in the Metro South HHS. She described her roles in the areas of:

- Leadership and management,
- Education and research and
- Community and strategic partnerships.

She also discussed her responsibly for Metro South's consumer workforce, consumer engagement, consumer feedback, carer workforce, and consumer education, training and research.

Rural and remote update from Central West HHS
Ms Jill Mazdon

Ppt_Jill Mazdon.ppt

Ms Mazdon presented an update on the work undertaken in the very large rural and remote district of the Central West HHS. She provided information on:

- The HHS' mental health and alcohol and other drugs team;
- Geography and demographics of the HHS;
- Challenges of delivering services in a range of distant and remote locations;
- Service enhancements and
- Service responses to the drought.

Ms Mazdon's interspersed her presentation with beautiful photos of the country and wildlife in the HHS area.

Update from the Qld Mental Health Commissioner – Qld Mental Health and Drug Strategic Plan
Dr Lesley van Schoubroeck

Ppt_ Lesley Van Schoubroeck.ppt

The Mental Health Commissioner Dr van Schoubroeck presented an update on the significant Mental Health and Drug Strategic Plan. The plan's development encompasses one of the four main work priorities identified by the Commission.

This whole-of-government plan will identify ways to improve the mental health and wellbeing of all Queenslanders and minimise the impact of substance misuse in Queensland communities. The plan will focus on actions across a range of areas including health, employment, education, housing and justice.

She discussed the 8 Draft Commitments to Action to be outlined in the Plan:

1. Develop a Consumer Carer and Family engagement and Leadership Framework.
2. Develop a Mental health Drug and Alcohol Operational Services Plan that will govern service delivery and future planning of the Mental Health Alcohol and Other Drugs service system;

3. Reduce barriers to the integration of Mental Health and Drug and Alcohol structures and services with general health services;
4. Develop Cross Sectoral Action Plans in priority areas;
5. Include people living with mental illness or problematic substance use as a vulnerable group in service planning;
6. Improve community awareness and the prevention and early intervention of mental illness and problematic substance use;
7. Support actions that position the non-government sector as a valued partner and provider of innovative and practical services and solutions, and
8. Establish a set of indicators that measure progress towards agreed population outcomes.

Dr Schoubroeck emphasised the need for the Commission to have open lines of communication and connection with all Queenslanders and encouraged interested parties (including senior leaders in the public mental health sector) to make contact with the Commission via the link below:

http://www.qmhc.qld.gov.au/

Implementation of NDIS in Queensland
Ms Lee-anne Rogers

Ppt_Lee-anne Rogers.ppt

Ms Rogers provided an update on the progress and challenges of the National Disability Insurance Scheme's (NDIS) implementation in Queensland, which will occur in July 2016. Unfortunately, technical problems prohibited her Power Point from functioning on the day, so it is attached here for first viewing.

Ms Rogers recognised that there is a contentious interface between people with a range of disabilities and people with a mental illness and resulting psychiatric disability, and that the arena of psycho-social disability is the least developed service area of NDIS.

Some of the key points of the presentation include:

- NDIS is an entitlement scheme providing all reasonable and necessary supports for participants;
- NDIS is primarily based on a consumer choice and control model;
- Participants can request to self-manage their support funding;
- The consumer chooses their provider/s and may contract with their preferred provider directly. This represents a power change compared with current service and funding models;
- Required support services will be paid for after the support has been provided;
- NDIS service providers operate in a market approach;
- Each person will have an individualised service plan. Their supports will not be necessarily delivered from a designated program. E.g. HASP will be "cashed out" after NDIS is implemented and NDIS will enable access to "HASP-like" supports for an individual;
- All individuals eligible for NDIS must access services through NDIS;
- There are 2 major eligibility criteria i.e. The individual must have a functional impairment, which must be permanent;
- The work in the pilot sites indicates that there needs to be a review of NDIS support delivery principles and practises for people with a mental illness and degenerative conditions. Significant design work is

required for mental health service delivery, particularly with regard to managing forensic patients, assessment tools and support determination for people with mental illness and the coordination of multiple supports for people with psychiatric disability and high and complex support needs;

- NDIS implementation in Queensland will require a progressive transition from 2016-2019 before fully implemented, even considering the go-live date of July 2016;
- Some support providers will be delivering services using two delivery systems i.e. NDIS and community mental health service systems with two different funding and payment systems;
- NDIS will require creative support delivery in areas with limited service options e.g. paying family members in remote indigenous areas, and
- NDIS participants will have a regular 12 month review of their support plan, with a new plan being developed annually.

Close and questions
Dr Bill Kingswell

Dr Kingswell closed the Forum, and encouraged all delegates to provide feedback about the Forum by completing the forum evaluation survey which will soon be provided by MHAODB.

The evaluation questions were emailed to participants after the Forum using a Survey Monkey format. The resulting survey responses will inform the content of next 2014 Forum.

Based on feedback, the Senior Leadership Forums will be a bi-annual event. **The next forum is scheduled for Tuesday 18 November 2014**.

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Appendix A – Attendance List

Attendees	Apologies	No Shows on day
Bradley, Robyn	Oelrichs, Catherine	Kelly, Sharon
Brownlie, Andrew	Heffernan, Ed	O'Neill, Monica
Burrough, Sue	Robinson, Gail	Chand, Sandeep
Carncross, Kaye	Lau, Geoffrey	Fawcett, Lisa
Catt, Michael	Freeman, Josh	Flerchinger, Fraun
Ceron, Janet	Turner, Kathryn	Lee, Erica
Chettleburgh, Karlyn	Eckersley, Katie	
Choudhray, Anand	Pratt, Neill	
Coward, Mike	John, Thomas	
Crompton, David	Gupte, Prasoon	
Dark, Frances	Bayley, Janet	
Edwardson, Melody		
Emmerson, Brett		
Erickson, Kim		
Farley, Lindsay		
Fjeldsoe, Ruth		
Fenton, Keryn		
Foreman, Emma		
Fyfe, Amy		
Geppert, Leanne		
Gill, Neeraj		
Grice, Diana		
Griffiths, Lucille		
Halliday, Lynne		
Hipper, Linda		
Kelly, Marie		
Kennedy, Sandra		
Kingswell, Bill		
Krause, Judy		
MacBean, Rebecca		
Mazdon, Jill		
Martin, Janet		
Mathewson, Valda		
Mathison, Lorraine		
McDougall, Christine		
McNamara, Kevin		
Moudgil, Vikas		
Nydam, Kees		
Plint, George		
Powell, Jacinta		
Reilly, John		
Rodgers, Lee-anne		
Schefe, Samuel		
Stathis, Stephen		
Stedman, Terry		
Steele, Nick		
Tailkato, Matira		
Van Schoubroeck, Lesley		
Vilic, Gabrielle		
Waterson, Elissa		
Wigan, Shirley		
Yearsley, Gillian		

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Appendix B - Agenda

8.45	**Arrival and Registration**	
9.00 – 9.15	Welcome, Introduction and Statewide Update	**Dr Bill Kingswell** Executive Director, MHAODB
9.15 – 10.30	Activity Based Funding and community mental health services	**Mr Nick Steele** Executive Director, Healthcare Purchasing, Funding & Performance Management, and **Dr Bill Kingswell** Executive Director, MHAODB
10.30	**Morning Tea**	
10.45 – 11.15	Drug Policy Modelling Project – Review of Australian AOD prevention and treatment services	**Ms Rebecca MacBean** Executive Officer, Qld Network of Alcohol and Other Drug Agencies (QNADA)
11.15 – 11.30	Update on the Service Improvement Group	**Ms Linda Hipper** Director of Addiction Services, Metro South HHS
11.30 – 12.10	Update on the Statewide Adolescent Extended Treatment and Rehabilitation Strategy	**Dr Stephen Stathis** Medical Director, CYMHS, Children's Health Qld HHS
12.10 – 12.30	Review of episodes of patients Absent without Permission (AWOP) within Department of Health mental health services	**Dr John Reilly** Consultant Psychiatrist, Acute Mental Health Unit Townsville Hospital, Townsville HHS and, **Ms Janet Martin** A/Director, Clinical Governance, Office of the Chief Psychiatrist, MHAOD Branch
12.30	**Lunch**	
1.15 – 1.45	Peer support provision at the Logan and Bayside Community Care Units	**Dr Frances Dark** Clinical Director, Mobile Intensive Treatment Team, MS HHS
1.45 – 2.15	National Framework for Recovery Oriented Services	**Ms Melody Edwardson** Director, Sector Development, Queensland Alliance for Mental Health
2.15 – 2.40	Reflections from the Director of Social Inclusion and Recovery	**Ms Gabrielle Vilic** Director of Social Inclusion and Recovery, Metro South HHS
2.40 – 3.05	Rural and remote update from Central West HHS	**Ms Jill Mazdon** Mental Health Team Leader, Longreach, Central West HHS
3.05	**Afternoon Tea**	
3.20 – 4.20	Update from the Queensland Mental Health Commissioner – Qld Mental Health and Drug Strategic Plan	**Dr Lesley van Schoubroeck** Qld Mental Health Commissioner
4.20 – 4.45	Implementation of NDIS in Queensland	**Ms Lee-anne Rogers** Director, NDIS Planning and Implementation Unit, Dept of Communities, Child Safety and Disability Services
4.45 – 5.00	Close and questions	**Dr Bill Kingswell** Executive Director, MHAODB