

In the matter of the *Commissions of Inquiry Act 1950*

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

AFFIDAVIT

Dr Jeannette Rosita Young of c/- Crown Law, Chief Health Officer and Deputy Director-General, Queensland Health, solemnly and sincerely affirms and declares:

1. I have been provided with a Requirement to Give Information in a Written Statement dated 4 February 2016. **Exhibit A** to this affidavit is a copy of this notice, including a copy of the documents attached to the notice.

Background and experience

2. I gained my Bachelor of Medicine and Bachelor of Surgery from the University of Sydney in 1986.

3. I am also a Fellow of the Royal Australian College of Medical Administrators (FRACMA), a credential I gained in 2004.

4. I am currently employed in the role of Chief Health Officer and Deputy Director-General, Prevention Division, Queensland Health.

5. Prior to commencing in my current role, I held various other senior roles in Queensland Health and in hospitals in Sydney.

Deponer

Att. Gen. S. Des., Solicitor

AFFIDAVIT

On behalf of the State of Queensland

Crown Solicitor
11th Floor, State Law Building
50 Ann Street
BRISBANE QLD 4000

- 2 -

6. I have been employed in the role of Chief Health Officer since 2005 and employed as Deputy Director-General, Prevention Division since July 2015.
7. **Exhibit B** to this affidavit is a copy of my current Curriculum Vitae. It outlines in full my professional roles, qualifications and memberships.
8. The departmental branches that I oversee in the Prevention Division are:
 - (a) Chief Medical Officer and Healthcare Regulation Branch;
 - (b) Health Protection Branch;
 - (c) Preventive Health Branch;
 - (d) Communicable Diseases Branch; and
 - (e) Aeromedical Retrieval and Disaster Management Branch.
9. Importantly, for this Commission, I have had no oversight or other responsibilities with respect to mental health issues since July 2012 at which time Dr Cleary was appointed as the Deputy Director-General, Health Service and Clinical Innovation ("HSCI"). The first HSCI Executive meeting took place on 27 July 2012. The first HSCI Divisional forum took place on 13 July 2012. Mental Health had therefore transitioned from my role in July 2012 and from then on moved to Dr Cleary. His role included oversight of the Mental Health, Alcohol and Other Drugs Branch.
10. The following paragraphs contain my answers to the questions in the Requirement from the Commission. To put my answers into context, I note that the questions asked by the Commission relate to circumstances that occurred about four years ago and related to only one of many matters with which I was involved. Further, I no longer have any responsibility for mental health issues and, as such, I do not have access to

- 3 -

the documents that I previously had access to, and from which I potentially could refresh my memory.

Question 1 (a)**Briefing Note Number 25.7**

11. Each year, Queensland Health requires each division to provide particular information to inform an Estimates Brief.
12. The information in Brief Number 25.7 was prepared by staff I supervise as part of that standard annual reporting and I was responsible for its contents.
13. I was ultimately responsible for the information provided in the brief.

Question 1 (b) & 1(c)

14. I cannot recall any specific details about the '*fiscal pressures*' referred to in the brief but believe I would have been informed by the Executive Director of Mental Health about such pressures as part of the regular meetings that I had with the Executive Director. I understand that the person who was Executive Director of Mental Health at that time was Dr Aaron Groves.
15. I cannot recall if Queensland Health developed a Cabinet Budget Review Committee Submission for continued implementation in 2012/13. As I no longer have any responsibilities with respect to mental health issues, I also no longer have access to the documents maintained by the mental health division (now known as the Mental Health, Alcohol and Other Drugs Branch).

- 4 -

Question 2 (a) & (b)**Briefing Note dated 3 May 2012**

16. I requested and verified the contents of the briefing note for approval dated 3 May 2012 that is attached to the notice and marked DBK.001.001.0067.

Question 2 (c)

17. Before making a Cabinet Budget Review Committee Submission ("CBRC"), it was standard practice to have the Director-General approve the proposed action that was intended to be the subject of any CBRC.
18. Obtaining prior approval from the Director-General to any proposed actions provides greater clarity for the proposal that is ultimately put forward to CBRC. It is purely a matter of ensuring that before a submission is put to CBRC everything possible that can be finalised is done in terms of the content of the document. This requires taking different aspects of the submission to the Director-General and seeking his view on the way forward. The submission then progresses once as much of the separate initiatives have been finalised. It is preferable to have a submission that lays out the complete picture in terms of what is required rather than one that is presented with caveats and multiple options. The Director-General has the responsibility of finalising all CBRC submissions before putting them to the Minister.
19. Prior to the preparation of the briefing note, there would have been discussion about the issue, particularly at the regular, fortnightly meeting with the Executive Director. The briefing note is the culmination of those discussions and is the process by which decisions are recorded.

- 5 -

Question 2 (d)

20. I cannot recall any details of the '*multiple delays*' referred to. However, it is not unusual to encounter delays in any capital project.

Question 2 (e)

21. I cannot recall any specific details of the '*recent sector advice*' referred to. I expect that the advice would have been from clinicians, non-government organisations and consumer groups. I do, however, recall that there was significant discussion and debate about whether it was better to have a single service in a single location (such as that at The Park) with the associated dislocation of adolescents from the families or whether it was preferable to provide services throughout the State.

22. I cannot recall whether the '*recent sector advice*' was in writing or was conveyed to me orally. If it was in writing, I no longer have control of any relevant documents. If it was orally, I expect the information would have been conveyed to me by the then Executive Director of Mental Health, Dr William Kingswell, as part of our regular meetings.

23. I would not have personally sought the '*sector advice*'.

Question 2 (f)

24. I have no knowledge:

- (a) whether the intention to fund the anticipated funding shortfall of \$3.1 million for regional health HHF projects through cost savings resulting from the cessation of the 15-bed Redlands Adolescent Extended Treatment Unit (RAETU) was ultimately implemented;
- (b) whether the cost savings, from the cessation of RAETU, funded the capital funding shortfall; or

- 6 -

(c) what other projects or expenditures were funded by cost savings resulting from the cessation of RAETU.

25. I am aware that sometimes the Department would put operational money into capital projects and that the Department never reallocated capital funding for operational spending. For this reason, I am confident that the capital funding would have been spent on capital projects. However, I cannot say what particular capital projects the funding was spent on. Even if I had retained oversight for the mental health division, I would not have known this type of information as my division was responsible for providing policy advice. A separate division of Queensland Health deals with how operational and capital funding is managed.

Question 2 (g)

26. I am aware that there were multiple historical reviews of The Park. However, I am not aware whether a further review was undertaken, after the briefing note, of the then existing adolescent centre at The Park. The briefing note was prepared in May 2012, and from July 2012 I ceased to have any involvement with mental health issues. The then Executive Director of Mental Health may be aware whether the review took place.

Question 2 (h)

27. I cannot recall the detail of the '*limited sector consultation*' referred to in the briefing note, other than that the consultation indicated that the model of care proposed at Redlands was out dated and that current practice was to provide services in the community close to where the patients ordinarily reside. The consultation would have occurred at officer level under the supervision of the Executive Director of Mental Health, and the Executive Director would have reported the outcomes to me as part of our regular meetings. If there are any records of the consultation, I would expect them to be held by the Mental Health, Alcohol and Other Drugs Branch.

- 7 -

Question 2 (i)

28. Although I cannot recall the detail, I would expect the '*limited sector consultation*' was informal consultation as extensive formal consultation does not ordinarily occur until after there is '*in principle*' approval to pursue a particular avenue of action.

Question 3(a)

29. Prior to seeking the Director-General's approval, and prior to preparation of the briefing note, I would have consulted over an extended period with the Executive Director of Mental Health, who is an expert psychiatrist and, at the time, was also the statutory appointee to the role of Chief Psychiatrist. I am certain the Executive Director would have also sought advice from child or adolescent psychiatrists.
30. I cannot recall the detail of any such advice, nor do I have control of any documents containing the advice. I believe the information would have been conveyed to me as part of my regular meetings with the Executive Director.
31. The only thing I can recall about the advice was that the model of care proposed at Redlands (being a single facility to serve the entire State) was out dated.
32. Before a briefing note such as the one in question is prepared, there are many discussions about the issue over many months, as the ideas the subject of the briefing note are tested and refined.

Question 3(b)

33. There is a fine balance to be struck in terms of the extent of consultation. There needs to be sufficient consultation to ensure the idea is worth pursuing, but the consultation should not be so extensive that it results in a waste of resources when there has not yet been endorsement by the Director-General to pursue the idea.

- 8 -

34. The '*limited consultation*' typically undertaken at this stage of the process is not usually extensively documented. More detailed consultation typically occurs after the Director-General endorses the idea.
35. Officers under the supervision of the Executive Director of Mental Health would have carried out any stakeholder consultation that was undertaken. I understand, from recollection of my discussions with the Executive Director of Mental Health, that there was stakeholder consultation, but I do not know the details of the consultation.
36. I recall that, in the lead up to preparing the briefing note, departmental staff had identified that the potential consequences of the proposal to cease the RAETU would be:
- (a) the facility would need to be maintained at The Park, which was not considered a sensible option given the age of the facility; or
 - (b) a new facility at another location would need to be considered; or
 - (c) a new model of care would need to be developed that involved enhancing multiple facilities throughout the State.
37. It had been identified that work would need to be done about how Queensland Health could put increased capacity in various units throughout the State, and some of that work had commenced but I don't recall the detail of it.

Question 3 (c)

38. I considered the merits of the proposal to cease the RAETU in the months leading up to the briefing note, as part of the regular meetings I had with the Executive Director and the Director-General. I did so through discussion and debate around the issue.

- 9 -

39. At the time of providing the briefing note, I had not reached a concluded view about what option ought be pursued in place of the RAETU. That issue was still up in the air at the time I ceased being responsible for mental health issues.

Question 3 (d)

40. I do not recall any detailed discussion about what would happen to the existing patients at the Barrett Adolescent Centre.
41. It was only once the Director-General approved the briefing note, that it would have been appropriate to allocate significant resources to investigating and pursuing the alternatives.
42. At the time of the briefing note, there were significant capital works programmes being undertaken for mental health and so I believe there was capacity to explore an alternative that involved enhancing available facilities throughout the State.
43. Before enhancements to facilities throughout the State could be considered in earnest, I needed to know whether the Department intended to pursue the options at Redlands.

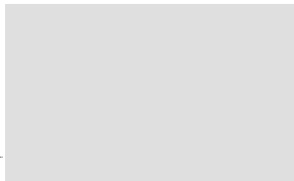
Other Information**Question 4**

44. Although I no longer had responsibilities with respect to mental health issues after July 2012, I was generally aware of the decision to close the Barrett Adolescent Centre. This is because I was still a member of the Departmental Management Team.
45. The Departmental Management Team meets once a week. At those meetings, the head of each division briefly mentions those issues that are topical for their division at the time of the meeting. Dr Cleary would have been present at those meetings and

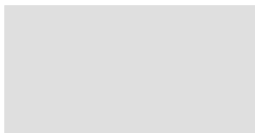
would have reported on the closure of the Barrett Adolescent Centre as a topical issue in his division.

All the facts affirmed in this affidavit are true to my knowledge and belief except as stated otherwise.

Affirmed by Dr Jeannette Rosita Young)
on 15 February 2016 at Brisbane in the)
presence of:)



A Justice of the Peace, C.Dec., Solicitor



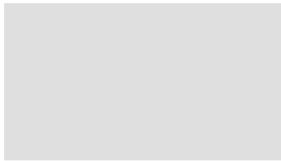
In the matter of the *Commissions of Inquiry Act 1950*

Commissions of Inquiry Order (No.4) 2 015

Barrett Adolescent Centre Commission of Inquiry

CERTIFICATE OF EXHIBIT

Exhibit A to B to the Affidavit of Dr Jeannette Rosita Young affirmed on 15 February 2016.



Deponent ✓



A.J.P., C.Dec., Solicitor

In the matter of the *Commissions of Inquiry Act 1950***Commissions of Inquiry Order (No.4) 2015****Barrett Adolescent Centre Commission of Inquiry****INDEX TO EXHIBITS**

Exhibit No	Exhibit description	Page numbers
A	Notice to Give Information in a Written Statement	1-14
B	Curriculum Vitae	15-20

In reply please quote: CHS/20160204/PF

Level 10, 179 North Quay
Brisbane Queensland 4000
PO Box 13016
George Street Post Shop
Brisbane Queensland 4003

Web www.barrettinquiry.qld.gov.au

Mr Paul Lack
Team Leader and Instructing Solicitor
Barrett Centre Commission of Inquiry – State Representation
Crown Law
State Law Building
50 Ann Street
BRISBANE QLD 4000

By email to: [REDACTED]

Dear Mr Lack

**REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT TO
THE BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY**

Please find enclosed a notice requiring your client, **Dr Jeannette Young**, to give information in a written statement to the Barrett Adolescent Centre Commission of Inquiry (“the Commission”) established pursuant to the Commissions of Inquiry Order (No. 4) 2015.


Dr Young’s statement is to be provided to the Commission on or before **4:00pm, Monday 15 February 2016** at the place and in the manner specified in the notice. To this end, we refer you to paragraph 19 of the Commission’s Practice Guideline 01/2015, which can be located on the Commission’s website: www.barrettinquiry.qld.gov.au.


Where your client’s statement refers to and identifies a BAC patient or a family member, we ask that you contact the writer to obtain an identification code so that the patient or family member is otherwise not able to be identified. Generally, the Commission will not publish material or documents that identify or may lead to the identification of former patients or their family members. Please refer to the Commission’s Practice Guidelines, the Confidentiality Protocol dated 12/10/15 and the Order to Prohibit Publication of Evidence dated 15/10/15, all of which can be located on the Commission’s website: www.barrettinquiry.qld.gov.au.

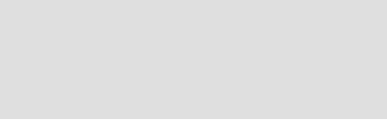
Documents annexed to witness statements should not be redacted in any way. These documents will be redacted by Commission staff before publication, in accordance with the Confidentiality Protocol.

If in addition your client wishes to apply for an order that the statement or any part of the statement should be confidential then they should apply to the Commissioner for an order under Part G of the Practice Guidelines.

Further, you will see that some documents have been attached to the notice. The Commissioner has authorised the release of those documents to you. Confidentiality of those documents must be maintained under paragraphs 3 and 4 of the Commission's 'Confidentiality Protocol' which is available on the Commission's website.

If you require further information or clarification, please contact me on 

Yours sincerely 


Ashley Hill
Executive Director
Barrett Adolescent Centre Commission of Inquiry
04/02/2015

SCHEDULE

1. Look at the Briefing Note Number 25.7 (v.32 1 July 2011) which is document number QHD.010.001.0406, at 0409 (attached).
 - a. Did you prepare that document or cause it to be prepared (stating which)?
 - b. If "yes", please identify the "fiscal pressures" referred to and who advised you, or by what document you were advised, that no such funding was available in the 2011-12 State Budget.
 - c. Did Queensland Health (QH) develop a CBRC submission for continued implementation in 2012/13? If "yes" please identify and supply a copy of that submission.

2. Look at the briefing note for approval dated 3 May 2012 (the **Briefing Note**) which is document number DBK.001.001.0067 (attached):
 - a. Did you request and/or verify the contents of that document?
 - b. If "no", what role did you have in the preparation and submission of this document?
 - c. Explain the relationship, if any, between the Cabinet Budget Review Committee (CBRC) Submission referred to, and the approval of the Briefing Note; why, for example, was the strength of the CBRC Submission reliant on the Director-General's approval of the Briefing Note?
 - d. Identify the "multiple delays" referred to;
 - e. Identify the "recent sector advice" referred to; in particular, was that "recent sector advice" written or oral? In so far as it was written, identify the writing and provide a copy. In so far as the "recent sector advice" was oral, identify the person

- b. any stakeholder consultation was carried out prior to seeking the Director-General's approval or prior to seeking the Minister's approval or nothing; if "yes", provide the details of that consultation;
 - c. you, or any other QH representative, considered the merits of, and consequences of, the proposal to cease the RAETU; if "yes", provide the details of that consideration;
 - d. you, or any other QH representative, considered whether there were alternate mental health facilities which might accommodate the RAETU cohort.
4. Explain any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Terms of Reference.
5. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

Brief Number: 25.7**SDS REFERENCE:****MENTAL HEALTH –
PLANNING AND SERVICES**

- Queensland has a plan and a framework for reform of the mental health system.
- The Queensland Government provided a record amount of funding to implement the plan.
- Meeting the challenge of natural disasters will be the focus in 2011-12.

Key Points:

- Unprecedented investment of \$632.4M provided over four years for the *Queensland Plan for Mental Health 2007-2017* (the Plan).
- Plan provides a 10 year blueprint for reform, with a whole-of-government approach.
- Ongoing collaboration with Department of Communities (DoC) to develop and expand disability support and accommodation options in the community.
- The Plan aims to develop a mental health system to respond to growing population and high prevalence of mental health problems, across the life span.
- Five priority areas for reform:
 - (1) promotion, prevention and early intervention,
 - (2) Improving and integrating the care system,
 - (3) participation in the community,
 - (4) coordinating care,
 - (5) workforce, information, quality and safety.
- Highlighted achievements of the Plan:
 - Establishment of Queensland Centre for Mental Health Promotion, Prevention and Early Intervention.
 - A 24% increase in public community mental health service capacity, with establishment of 531 new community mental health positions.
 - Progress in 17 capital works projects to deliver 146 new beds.
 - Expansion of non-clinical community mental health services and implementation of new service models and programs (through DoC).

Witness: Dr Jeannette Young, Chief Health Officer, Division of the Chief Health Officer

- Establishment of 20 Service Integration Coordinators to improve the coordination of services provided across sectors.
- Launch of a new mental health information system for clinicians, which has improved capacity for data collection, timely access to consumer information and use of clinical information.
- Workforce recruitment and retention strategies in Queensland Health (QH) decreased vacancy rate in community mental health services from 12% in 2007 to 4% in 2010.
- Service planning for mental health is aligned with the whole-of-government Project Assurance Framework.
- Federal Government announced on 5 May 2011, that \$73.5M in infrastructure grants from the National Health and Hospitals Fund for 134 mental health beds in rural areas, including:

Extended inpatient mental health services

- Bundaberg adult acute unit (4 beds);
- Hervey Bay adult acute unit (18 beds);
- Maryborough older persons extended care unit (17 beds); and
- Toowoomba (Mt Lofty) older persons extended care unit (16 beds).

Community Care Units

- Sunshine Coast (15 beds);
 - Bundaberg (20 beds);
 - Rockhampton (20 beds); and
 - Toowoomba (24 beds).
- Planning undertaken for the second stage of the Plan. Focus in 2011-12 will be recovery from natural disasters. \$37.8M announced in 2011-12 State Budget from Queensland and Australian Government's over two years under National Disaster Relief and Recovery Arrangements (NDRAA) to support mental health recovery.

Resourcing:

- CHO advised SFU will complete this section- will probably be same as Estimates brief 'Mental Health - Overview'

Background:

- The Plan replaces the former 10 year Mental Health Strategy for Queensland (1996).
- \$632.4M for the Plan includes:
 - \$528.8M in 2007-08 over four years (included \$98.09M to DoC, Disability Services and Housing Services);
 - \$88.6M in 2008-09 over four years;
 - \$6.5M in 2009-10 over three years (to DoC); and
 - \$8.5M in 2010-11 over four years for a mental stigma campaign.
- The Royal Australian and New Zealand College of Psychiatrists, the Australian Medical Association, the Queensland Nurses Union and the Australian College of Mental Health Nurses have all publicly supported the Plan.
- Population based planning targets for public mental health services, based on national and international research include:
 - Community mental health services: 70 FTE per 100,000 population; and
 - Inpatient services: 40 beds per 100,000 population.
- Plan promotes equity of resource distribution across district mental health services.
- Work being undertaken by DoC to develop benchmarks for personal support and accommodation services.
- Implementation of the first stage of the Plan largely on track, with some delay in capital works program, due in part to changes in models of care and prolonged site investigations.
- In 2010 Queensland Health undertook planning for the second stage of the Plan. Re-prioritisation of mental health planning has been required to meet the needs of Queenslanders affected by natural disasters in 2011-12.
- \$37.8 million to be provided by Queensland and Australian Governments under the NDRAA to recruit 126 community mental health staff over two years to provide specialist mental health support for people affected by natural disasters.

Interstate/International Comparison:

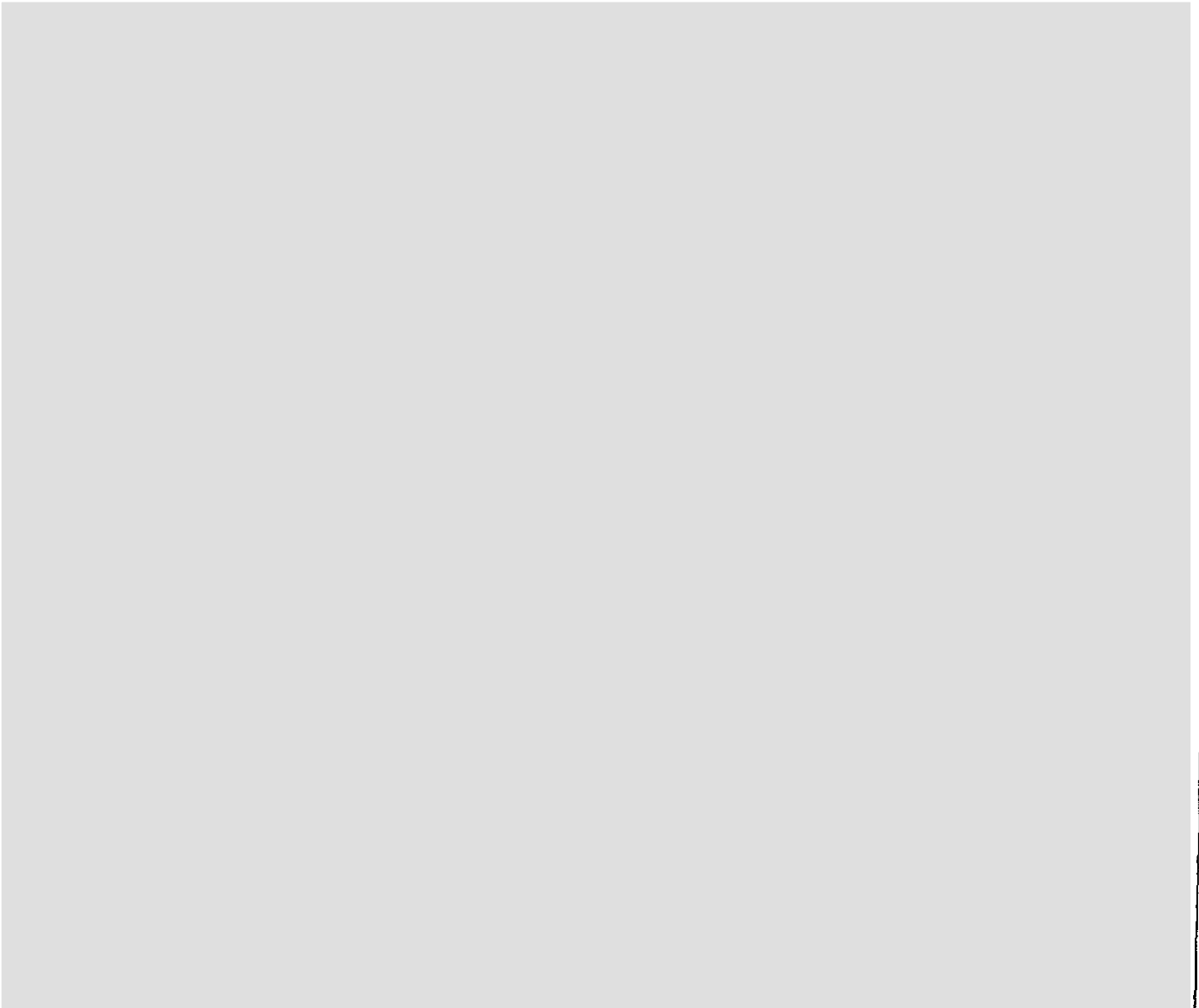
- All Australian jurisdictions undertake mental health service planning in accordance with the Fourth National Mental Health Plan and the National Standards for Mental Health Services.

Previous Year Comparison:

- N/A

In Confidence:

- First four years of investment in the Plan ends in 2010-11.
- Information submission providing progress report and future planning advice



Minister's Office RecFind No:	
Department RecFind No:	Progressed by PMSU
Division/District:	DCHO
File Ref No:	

Briefing Note for Approval

Director-General

Requested by: Chief Health Officer

Date requested: 3 May 2012

Action required by:

SUBJECT: Cessation of the Redlands Adolescent Extended Treatment Unit Capital Program

Proposal

That the Director-General:

Approve the cessation of the Redlands Adolescent Extended Treatment Unit (RAETU) capital program.

Provide this brief to the Minister for noting.

Urgency

1. Critical, A Cabinet Budget Review Committee (CBRC) Submission has been prepared on the *Project Agreements for capital projects approved for Queensland health under the Health and Hospitals Fund 2010 Regional Priority Round (HHF)*, and is potentially to be submitted in the week beginning 14 May 2012 – the strength of this CBRC Submission is reliant on the information in this Brief being approved and noted.

Headline Issues

2. The top three issues are:
 - The RAETU capital program has encountered multiple delays to date and has an estimated budget over run of \$1,461,224. Additionally, recent sector advice proposes a re-scoping of the clinical service model and governance structure for the Unit.
 - There is an anticipated capital funding shortfall of \$3.1 million for the regional mental health HHF projects, relating to Information Communications Technology (ICT), escalation and land acquisition. It is proposed to fund this shortfall through cost savings resulting from the cessation of the 15-bed RAETU which has been funded under Stage 1 of the *Queensland Plan for Mental Health 2007-17 (QPMH)*.
 - The HHF projects are critical in the reform of Queensland mental health services. The HHF projects focus on building community mental health service infrastructure in regional areas to facilitate a more integrated approach to service delivery in these areas – a key priority in the government's health reform agenda. This investment will address some of the inequities that exist for remote and rural consumers including lack of coordinated, integrated services that are close to their home.

Key Values

3. The key values that apply are the following:

- Better service for patients
- Improved community health
- Valuing Queensland Health employees and empowering its frontline staff
- Empowering local communities with a greater say over their hospital and local health services
- Value for money for taxpayers
- Openness

Minister's Office RecFind No:	
Department RecFind No:	Progressed by PMSU
Division/District:	DCHO
File Ref No:	

Key Issues

4. In 2011, \$73.5 million in Commonwealth Infrastructure funding was announced for eight mental health projects for 134 new mental health beds in regional areas of Queensland, under the HHF including:
 1. \$40.4 million for 69 regional mental health CCU beds including: 20 bed CCU at Bundaberg; 20 bed CCU at Rockhampton; 24 bed CCU at Toowoomba; and 15 bed CCU at the Sunshine Coast; and
 2. \$33.1 million for 46 beds in regional acute/sub-acute/extended inpatient mental health services including: 16 older persons extended treatment beds at Toowoomba; eight older persons subacute beds at Maryborough (as part of a 17 bed unit which includes nine acute beds); four bed adult acute unit at Bundaberg; and an 18 bed adult acute unit at Hervey Bay.
5. The HHF projects are complimentary to, but also essential components of, the continuum of care required in a balanced integrated care system. These will expand on the investment in Stage 1 of the QPMH and increase the capacity of the relevant Local Health and Hospital Networks to provide appropriate mental health services, including rehabilitation services, to consumers in regional and remote Queensland.
4. Information and Communication Technology (ICT) costs estimated at \$2.5 million were not included in the HHF funding, and the indicative costing for the Bundaberg project included in the HHF applications for land purchase was underestimated by approximately \$0.6 million.
5. It is proposed to fund the shortfall (estimated at \$3.1 million) of the high priority HHF projects through cost savings resulting from the cessation of the 15-bed RAETU (funded under Stage 1 of the QPMH).

Background

6. The RAETU is one of the 17 projects funded under Stage 1 of the Queensland Mental Health Capital Works Program, and is intended to replace the Barrett Adolescent Centre, which is currently located at The Park Centre for Mental health (The Park).
7. Ceasing the 15-bed RAETU capital program will necessitate a review of the existing adolescent centre at The Park, and should give consideration to the benefits and disadvantages of this model of care. Limited sector consultation supports this review.

Consultation

8. Consultation regarding this Brief has included Health Planning and Infrastructure Division, Queensland Health (QH); limited consultation within the mental health sector; and the Intergovernmental Funding and Policy Coordination Unit, Strategic Policy, Funding and Intergovernmental Relations Branch, QH.
9. Further consultation will be conducted upon approval to proceed.

Minister's Office RecFind No:	
Department RecFind No:	Progressed by PMSU
Division/District:	DCHO
File Ref No:	

Financial Implications

10. The potential cost saving of not proceeding with the RAETU project is \$15,150,524 in capital, and \$1,824,979 in recurrent operating costs (from 2014-15). These savings can be re-allocated to fund the shortfall associated with the HHF projects.

Legal implications

11. There are no legal implications.

Attachments

12. Nil.

Minister's Office RecFind No:	
Department RecFind No:	Progressed by PMSU
Division/District:	DCHO
File Ref No:	

Recommendation

That the Director-General:

Approve the cessation of the Redlands Adolescent Extended Treatment Unit (RAETU) capital program.

Provide this brief to the Minister for noting.

APPROVED/NOT APPROVED NOTED



DR TONY O'CONNELL
Director-General

1615112

To Minister's Office for Approval

Director-General's comments

Author:
Dr Leanne Geppert

A/Director

MHPIU, MHAODD

4 May 2012

Cleared by:
Dr William Kingswell

Executive Director

MHAODD

4 May 2012

Content verified by:
Dr Jeanette Young

Chief Health Officer

Division of the Chief Health Officer

12 May 2012

CURRICULUM VITAE**DR. JEANNETTE YOUNG PSM
MB BS, MBA, DUniv, FRACMA, FFPH, FCHSM(Hon)**

Name: Jeannette Rosita Young

Date of Birth: [REDACTED]

Citizenship: Australian

Work Address: Queensland Health Building
147-163 Charlotte St, Brisbane
GPO Box 48 Brisbane, Queensland, 4001

Telephone Numbers: Work: [REDACTED]
Mobile: [REDACTED]
Home: [REDACTED]

Facsimile Number: Work: [REDACTED]

E-mail Address: Work: [REDACTED]
Home: [REDACTED]

Qualifications: MB BS University of Sydney 1986
MBA Macquarie University 1995
AFCHSM 1997
FRACMA 2004
FFPH 2010
FCHSM(Hon) 2013
DUniv Griffith University 2015

Registration: Medical Board of Australia. Medical Practitioner General and Specialist Registration

Memberships: Fellow of the Royal Australasian College of Medical Administrators
Associate Fellow of the Australasian College of Health Service Management
Fellow through Distinction of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom.

Awards: Award of Merit, 18 April 2008, Australian Dental Association, Queensland
Made an Honorary Fellow of the Australasian College of Health Service Management 27 August 2013
Pride of Australia Medal 2014 for Care and Compassion
Australia Day Achievement Medallion 26 January 2015 for Outstanding contribution to the management of public health issues in the state of Queensland, especially in the role of Chief Health Officer, Queensland Health
Public Service Medal for outstanding public service 8 June 2015

Current Positions: Chief Health Officer, Queensland

Adjunct Professor Queensland University of Technology appointed 2010

Adjunct Professor Griffith University appointed 2010

Member of the Council of the QIMR Berghoffer Medical Research Institute since 2005.

Member of the Board of the Faculty of Health Sciences Queensland University since 1999.

Member of the Griffith University Health Group Advisory Board appointed 2011.

Member of the Australian Health Protection Principal Committee since 2006.

Member of the National Health and Medical Research Council since 2005.

Member of the National Health and Medical Research Council Audit Committee

Member of the Queensland Radiation Advisory Council since 2005.

Chair of the Queensland Blood Advisory Committee since 2005.

Member of the Jurisdictional Blood Committee since 2012

Member of the Jurisdictional Advisory Group on Organ and Tissue Donation since 2012

Member of the National Screening Committee since 2012

Chair of the Queensland Health Disaster Response Committee

Deputy Member of the State Disaster Management Group since 2005

Past Professional Appointments

2000/01 President of the Medical Superintendents' Association of Queensland

Selected Past Queensland Appointments

- Member of Committee of Review of the Griffith University Medical School
- Cochair of the Queensland Emergency Management Advisory Council
- Chair of the QLD Optometrists Drug Authority Committee
- Member of the QLD Physician Assistant Steering Committee
- Chair of the QLD Alcohol and Other Drug Treatment Services Reform Steering Committee
- Chair of the QLD Integrated Transport Reform Board
- Chair of the QH Disaster Management Collaborative
- Member of the QH Education and Research Committee
- Member of the QH Clinical Services Capability Framework Committee

- Chair of the QLD Non-medical Officer Prescribing Committee
- Member of the Queensland Medical Board
- Chair of the Queensland Registration Advisory Committee
- Member of the Queensland Medical Board Education Committee
- Chair of the ICE Taskforce
- Chair of the Southern Zone Review of Oncology Services
- Member of the Oncology Skill Mix and Work Analysis Advisory Committee
- Member of the Radiation Oncology Steering Committee
- Member of the PACS/RIS Steering Committee
- Member of the Intensive Care Steering Committee
- Member of the Clinical Information Systems Advisory Committee
- Member of the Patient Transit Assistance Information System Development Committee
- Member of the Aeromedical Advisory Committee
- Member of the Aeroretrieval and Clinical Coordination Working Group
- Member of the Critical Incidents in Retrievals Committee
- Member of the Emergency Department Skill Mix and Work Analysis Steering Committee
- Member of the Queensland Health Taskforce on Cancer Coordination
- Inaugural Member of the Queensland Board of the Medical Board of Australia appointed 1 July 2010
- Chair of the Registration Committee of the Queensland Board since its reinstatement under national Registration in July 2010
- Chair of the QLD Water Fluoridation Steering Committee since 2009
- Chair of ATSI workforce committee

Selected Past National Appointments

Member of the Australian Medical Workforce Advisory Committee (AMWAC). Appointed to the position in June 2000 by AHMAC, the Australian Health Ministers Advisory Committee.

Member of the Working Party that reviewed the Specialist Medical and Haematological Oncology Workforce in Australia, 2001

Chair of the Working Party that reviewed the Specialist Obstetric and Gynaecology Workforces in Australia, 2004

Chair of the Australian Medical Workforce Advisory Committee (AMWAC). Appointed to the position in November 2003 until 2006.

Member of

Medical Training Review Panel

Australian Health Workforce Officials Committee

Australian Health Workforce Advisory Committee

Review of Pathology Training Working Party

Attended the Committee of the Presidents of Medical Colleges

AHMAC nominee on the Australian Medical Council. Appointed June 2000 until 2006

Member of Accreditation team that reviewed the College of Obstetrics and Gynaecology, 2003

Member of the Accreditation Committee that reviewed the proposed School of Medicine at Notre Dame, WA, 2004

Director of the Management Board of Australians Donate. Appointed December 2000 until 2006. This was the national body with responsibility for increasing organ and tissue donation in Australia.

Member of the Reference Group established by the Australian Parliament to review the Operation of the Medicare Provider Number Legislation, 2003

Member of the Reference Group established by the Australian Parliament to review the Operation of the Medicare Provider Number Legislation, 2005

Member of the Medical Specialist Training Taskforce, 2004

Member of Minister Nelson's Committee to review Medical Education, 2005

Member of the Clinical, Technical and Ethical Principal Committee from 2006 until disbanded in 2012– a subcommittee of Australian Health Ministers Advisory Committee (AHMAC).

Member of the Australian Population Health Development Principal Committee from January 2010 till 2012 when it was disbanded

Member of the Australian National Preventive Health Agency Advisory Council since its inception in 2011 till its closure in June 2014.

Editorial Appointments

Reviewer for the Australian Medical Journal

ACADEMIC RECORD

Secondary Schooling: St. Ives High School, Sydney, N.S.W.
N.S.W. Higher School Certificate, 1980

Tertiary Education: 1981-1985 University of Sydney
Clinical School: Royal North Shore Hospital
Bachelor of Medicine, Bachelor of Surgery
Awarded February 1986

Postgraduate Studies: 1993-1994 Master of Business Administration
Degree by coursework at Macquarie University,
Sydney.
MBA awarded April 1995

FRACMA – elected to Fellowship of The Royal Australasian College of
Medical Administrators November 2004

Awarded Fellowship through Distinction of the Faculty of Public Health
of the Royal Colleges of Physicians of the United Kingdom February
2010.

Scholarships: Medical Defence Union Elective Bursary awarded August 1985
 Western Sydney Area PostGraduate Management Scholarship awarded 1993.

POSITIONS HELD

QUEENSLAND HEALTH 11 August 2005 till now

11 August 2005 Appointed Chief Health Officer, Queensland on an interim basis.
 14 November 2005 Appointed as the Queensland Chief Health Officer.

Current Responsibilities as Chief Health Officer include:

General advice on health matters to the Minister of Health and the Director General of Health
 Representation of Queensland on a number of State and National Boards, Committees and Advisory groups
 Licensing of Private Health Facilities in Queensland
 Licensing of Schools of Anatomy in Queensland
 Management of Queensland's health response in a disaster
 Minister's delegate for determining Area of Need
 Management of policy for Population Health Services in Queensland
 both Health Protection and Preventive Health Services including Immunisation, Food, Radiation, Water, Communicable diseases, Medicines, and Prevention
 Management of Aero-Medical Retrieval Services in Queensland
 Management of Queensland Cancer Screening Policy
 Management of policy for Queensland Blood, Organ and Tissue Donation services
 Chief Medical Officer role including Medical workforce and policy development

PRINCESS ALEXANDRA HOSPITAL, BRISBANE Jan 1999-Aug 2005

Executive Director Medical Services
 Princess Alexandra Hospital, Brisbane, Queensland

ROCKHAMPTON HOSPITAL, QUEENSLAND Dec 1994-Jan 1999

Executive Director of Medical Services
 Rockhampton Base Hospital, Queensland

WESTMEAD HOSPITAL, SYDNEY Jan 1986-Dec 1994

1986-1987 Intern & Resident Medical Officer
 Westmead Hospital, Sydney, N.S.W.
 Included rotations to other hospitals in Western and Central Sydney

1988-1992 Advanced Trainee in Emergency Medicine
 Westmead Hospital, Sydney, N.S.W.
 Included rotations to other hospitals in Sydney.

July 1992-January 1993
 Medico-legal Officer, Medical Administration
 Westmead Hospital, Sydney, N.S.W.

January 1993-May 1994
 Clinical Superintendent, Medical Services
 Westmead Hospital, Sydney, N.S.W.

May 1994-December 1994
Assistant Director of Medical Services
Westmead Hospital, Sydney, N.S.W.

SELECTED PRESENTATIONS AT INTERNATIONAL CONFERENCES AND MEETINGS

Key Speaker International Forum on Public Health, Hangzhou, China, 2 April, 2010

Chair of the Organising Committee for the International Medical Workforce Conference held in Melbourne in November 2005 with responsibility for Chairing the Overall Conference. Attendees were from UK, USA, Canada, New Zealand and Australia.

Head of Australian Delegation to the Washington International Medical Workforce Collaboration, 6-9 October 2004.

Presentation "Physician Workforce: Using Data for Better Planning".
Chair of Plenary Session "Education and Training"

Presenter – Oxford International Medical Workforce Collaboration, 11-14 September, 2003. A meeting involving representation from U.K., USA, Canada and Australia.

Presentation "International Medical Graduate Immigration Issues for Australia"

PUBLICATIONS

1: Young JR, Elcock MS, Aitken PJ. Weather to evacuate? Comment. Med J Aust. 2012 Jul 2;197(1):27-8. PubMed PMID: 22762223.

2: Young JR, Selvey CE, Symons R. Hendra virus. Med J Aust. 2011 Sep 5;195(5):250-1. PubMed PMID: 21895580.

3: Harris MG, Gavel PH, Young JR. Factors influencing the choice of specialty of Australian medical graduates. Med J Aust. 2005 Sep 19;183(6):295-300. PubMed PMID: 16167868.