

PUBLICATIONS

Andersen, K., Howarth, E., Crompton, D., Emmerson, B., Williamson, D., Hendersen, J. (in press) Way Forward: An Indigenous approach to wellbeing. *Australasian Psychiatry*

Parker, G., Lie, D., Siskind, D., Martin-Khan, M., Raphael, B., Crompton, D. & Kisely, S. (2015). Mental health implications for older adults after natural disasters – a systematic review and meta-analysis. *International Psychogeriatrics*, doi: 10.1017/S1041610215001210

Dark, F., Whiteford, H., Ashkanasy, N M., Harvey, C., Crompton D., and Newman, E (2015) Implementing cognitive therapies into routine psychosis care: organisational foundations. *BMC Health Services Research*, Volume 15, Issue 310, doi 10.1186/s12913-015-0953-6

Dark, F., Newman, E., Harris, M., Cairns, A., Simpson, M., Gore-Jones, V., Whiteford, H., Harvey, C., Crompton, D. (2015) Implementing cognitive remediation therapy (CRT) in mental health service: staff training. *Australasian Psychiatry*. 2015. doi:10.1177/1039856215604486

Wade, D., Crompton, D., Howard, A., Stevens, N., Metcalf, O., Brymer, M., Ruzek, J., Watson, P., Bryant, R., Forbes D. (in press) Evaluation of a post-disaster mental health training program. *Disaster Health*.

Henderson, J, Andersen, K., Williamson, D., Anastasi, S., Serghi, M., Crompton, D., Emmerson, B., Lau, G. (2015). The road to cultural competence. Creating Futures Conference, Cairns.

Andersen, K., Howarth, E., Johnson, L., Lyons, K., Henderson, J., Williamson, D., Lau, G., Anastasi, S., Serghi, M., Crompton, D., Emmerson, B. (2015). A way forward. Creating Futures Conference, Cairns.

Kisely, S., Hall, K., Siskind, D., Frater, J., Olson, S., Crompton, D. (2015) A systematic review and meta-analysis of active versus sham Deep Brain Stimulation for obsessive-compulsive and depressive disorders. American Psychiatric Association Conference.

Siskind, D., Parker, G., Lie, D., Martin-Khan, M., Raphael, B., Crompton, D., Kisely, S. (2015). Mental health implications for older adults after natural disasters - a systematic review and meta-analysis. *Australian and New Zealand Journal of Psychiatry*, 49, 60-61.

Liu, X., Vitetta, L., Kostner, K., Crompton, D., Williams, G., Brown, W., Lopez, A., Xue, C., Oei, T., Byrne, G., Martin, J., Whiteford, H. (2015). The Effects of Tai Chi in Centrally Obese Adults with Depression Symptoms. *Evidence-Based Complementary and Alternative Medicine*, vol. 2015, Article ID 879712, 8 pages, 2015. doi:10.1155/2015/879712.

Wyder, M., Bland, R., Blythe, A., Matarasso, B., Crompton, D. (2015). Therapeutic relationships and involuntary treatment orders: Service users' interactions with health-care professionals on the ward. *International Journal of Mental Health Nursing*, 24,181-189.

Wyder, M., Bland, R., Herriot, A., Crompton, D. (2015). The experiences of the legal processes of involuntary treatment orders: Tension between the legal and medical frameworks. *International Journal of Law and Psychiatry*, 38, 44-50.

Ehrlich, C., Kendall, E., Frey, N., Kisely, S., Crowe, E., & Crompton, D. (2014). Improving the physical health of people with severe mental illness: Boundaries of care provision. *International journal of mental health nursing*, 23(3), 243-251.

Kisley, S., Hall, K., Siskind, D., Frater, J., Olsen, S., Crompton, D. (2014). A Meta-Analysis of Deep Brain Stimulation for Psychiatric Disorders. *Royal Australian and New Zealand College of Psychiatrists 2014 Congress, Perth*.

Kisely, S., Hall, K., Siskind, D., Frater, J., Olson, S., & Crompton, D. (2014). Deep brain stimulation for obsessive-compulsive disorder: a systematic review and meta-analysis. *Psychological Medicine*, 1-10.

McGrath, P., Henderson, S., Cabral, S., & Crompton, D. (2014). Australian overseas trained psychiatrists' perspective of up-skilling programme. *The Journal of Mental Health Training, Education and Practice*, 9(2), 123-132.

Ehrlich, C., Kisely, S., Kendall, E., Crompton, D., Crowe, E., & Liddy, A. M. (2013). Active steps towards a healthier life for people with severe mental illness: a qualitative approach to understanding the potential for implementing change. *Australian Health Review*, 37(4), 423-429.

Wyder, M., Bland, R., & Crompton, D. (2013). Personal recovery and involuntary mental health admissions: The importance of control, relationships and hope.

Siskind, D., Harris, M., Kisely, S., Brogan, J., Pirkis, J., Crompton, D., & Whiteford, H. (2013). A retrospective quasi-experimental study of a community crisis house for patients with severe and persistent mental illness. *Australian and New Zealand Journal of Psychiatry*, 0004867413484369.

Casey, B., Gow, K., Crompton, D., Celinski, M., Antoniazzi, M. (2011) Resourcefulness for recovery in Australian military veterans with post-traumatic stress disorder. In Celinski, M & Gow, K (Eds.) *Continuity versus Creative Response to Challenge: The Primacy of Resilience and Resourcefulness in Life and Therapy*. Nova Science Publishers, Inc., United States of America, pp. 359-378.

Crompton, D., Groves, A., & McGrath, J. (2010). What can we do to reduce the burden of avoidable deaths in those with serious mental illness?. *Epidemiologia e psichiatria sociale*, 19(01), 4-7.

Roberts, D., Crompton, D., Milligan, E., & Groves, A. (2009). Reflection on the use of seclusion: in an acute mental health facility. *Journal of psychosocial nursing and mental health services*, 47(10), 25-31.

Commonwealth of Australia 2013 Mental Health Advice Book for treating veterans with common mental health problems ISBN 1 920720 90 1[advisors – Cooper, J., Crompton, D., Latimer, S., et al

Crompton, D. R., McFarlane, A., & Guideline Development Group. (2007). Australian guidelines for the treatment of adults with acute stress disorder and posttraumatic stress disorder: ASD and PTSD treatment guidelines. Australian Centre for Posttraumatic Mental Health.

Ellen, S., Gray, C., Selzer, R., Varghese, F., Williams, A., Crompton, D., Pun, P. (2007). Is Consultation Liaison Psychiatry Doomed? *Australian and New Zealand Journal of Psychiatry*, 41, A20-A20.

Forbes, D., Bennett, N., Biddle, D., Crompton, D., McHugh, T., Elliott, P., & Creamer, M. (2005). Clinical presentations and treatment outcomes of peacekeeper veterans with PTSD: Preliminary findings. *American Journal of Psychiatry*, 162(11), 2188-2190.

Steindl, S. R., Young, R. M., Creamer, M., & Crompton, D. (2003). Hazardous alcohol use and treatment outcome in male combat veterans with posttraumatic stress disorder. *Journal of Traumatic Stress*, 16(1), 27-34.

Crompton, D. (2001). Pharmacological management of post traumatic stress disorder. *Current therapeutics*, 42(8), 26.

NHMRC. (1999). Acute Pain Management: Scientific Evidence. (Contributing author). Commonwealth of Australia, Canberra, ISBN 1864960426.

Crompton, D. R., Pegg, S. P., Jellett, L. B., & Middleton, W. (1991). Altered pharmacokinetics of tricyclic antidepressants in burns. *Australasian Psychiatry*, 25(3), 419-421.

Crompton, D., Raphael, S., Pegg, S. (1990) Burns. *The Medical Journal of Australia*. 150 (10), 509-511.



Mental Health Services, Metro South Health Service District
Choose Metro South, Choose your lifestyle

Queensland Health

www.health.qld.gov.au/workforus**Job ad reference:****Role title:**

Executive Director - Mental Health

Status:*Permanent/ Temporary**Future vacancies of a permanent, temporary, full time and part time nature may also be filled through this recruitment process***Unit/Branch:**

Mental Health Services

Division/District:

Metro South Health Service District

Location:

Sanders Street, Upper Mt Gravatt

Classification level:

L29

Salary level:**Closing date:**

Applications will remain current for XXXXXXXX

Contact:

(insert)

Telephone:

(insert)

Online applications:www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

If you are unable to apply online, please contact Statewide Recruitment Services on [REDACTED] or [REDACTED]

Deliver application:

Hand delivered applications will not be accepted

Queensland Health's purpose is to provide safe, sustainable, efficient, quality and responsive health services for all Queenslanders, and we have **five core values** that guide our behaviour:

- **Caring for People:** We will show due regard for the contribution and diversity of all staff and treat all patients and consumers, carers and their families with professionalism and respect.
- **Leadership:** We will exercise leadership in the delivery of health services and in the broader health system by communicating vision, aligning strategy with delivering outcomes, taking responsibility, supporting appropriate governance and demonstrating commitment and consideration for people.
- **Partnership:** Working collaboratively and respectfully with other service providers and partners is fundamental to our success.
- **Accountability, efficiency and effectiveness:** We will measure and communicate our performance to the community and governments. We will use this information to inform ways to improve our services and manage public resources effectively, efficiently and economically.
- **Innovation:** We value creativity. We are open to new ideas and different approaches and seek to continually improve our services through our contributions to, and support of, evidence, innovation and research.

To find out more about Queensland Health, visit www.health.qld.gov.au

Purpose

The role is required to provide strong leadership and support the strategic direction which seeks to provide high quality service provision as part of an integrated mental health service, comprising in-patient and community services. It is expected the role will actively participate in the promotion and development of mental health.

Your key responsibilities

- Fulfil the accountabilities of this role in accordance with Queensland Health's core values, as outlined above.
- *Staffing, Reporting and Financial responsibilities*
- This position has single point of accountability for financial, Clinical Governance, Human Resources and Corporate Services.
- This position will provide professional leadership/oversight to medical staff within the Division, and be an active contributor to multidisciplinary processes.

Recurrent **\$1,000,000.00**

Non recurrent **\$100,000.00**

- This position reports to the Chief Executive Officer Metro South HSD.
- Using the population health based approach, implement a spectrum of evidence based clinical programs in Mental Health Services which are commensurate with the levels of mental health need across the lifespan in the Metro South Region.
- Provide effective leadership of Metro South Mental Health Service in accordance with the Area Corporate Plan, Mental Health Strategic Plan and Qld policy direction.
- Provide effective clinical leadership of Metro South Mental Health Service to enhance the provision of high quality mental health promotion, prevention, intervention, treatment and rehabilitation services to the people of Metro South and people referred to the Metro South Mental Health Service.
- Work with Metro South Mental Health Service to achieve effective clinical risk management and clinical peer review procedures.
- Continue to maintain a work environment that facilitates the recruitment and retention of skilled staff.

MAIN TASKS OF THE KEY ACCOUNTABILITIES

- Effective leadership of the Metro South Mental Health Service in accordance with the Area Corporate Plan, Mental Health Strategic Plan and QLD policy direction.
- Promote the integration of services within the Mental Health Clinical Cluster.
- Support a safe working environment for all staff, patients and visitors.
- Responsibility for the budget allocation of the mental health service with the aim of providing an effective and comprehensive mental health service for the people of the Metro South Mental Health Service.
- Provide leadership to staff of Metro South Mental Health Service – this may include involvement in a range of activities across the service including industrial and OH&S matters, and service development within the multidisciplinary service framework.
- Promote research, training, education and development of programmes for clinical care through a close working relationship with the Griffith University, Queensland University of Technology, University of Queensland and Academy Health Science Centre and Transcultural Research Institute.
- Provide effective clinical leadership of Metro South Mental Health to enhance the provision of high quality mental health promotion, prevention, intervention, treatment and rehabilitation services to the people of Metro South and persons referred to the Metro South Mental Health Service.
- Co-ordinate and manage medical practice across Metro South Mental Health, this will include the promotion of research, academic excellence and contemporary clinical practice across all units of Metro South Mental Health.
- Encourage effective linkage and integration of mental health with other services of Metro South HSD, general practitioners, private providers, non government organisations and other government agencies to provide early intervention, seamless care to patients and their families and to promote better outcomes.

To find out more about Queensland Health, visit www.health.qld.gov.au

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MSS.900.0002.0051

- Advocacy on mental health issues with key organizations including educational and training organisations, the Divisions of General Practice, staff and units of the Metro South HSD, the media and the community.
- Develop, maintain, implement and review medical practice in relation to recruitment, resource management and service delivery.
- Providing leadership and management for clinical services, in accordance with the philosophies, policies and procedures of the Metro South Mental Health.
- Support either directly or by delegation an active role on any committees or working parties of these organisations as necessary.
- Be involved, as required in teaching and research projects that further promote mental health skills, education and awareness.
- In conjunction with Metro South Mental Health work to support appropriate academic links with the Griffith University, Queensland University of Technology, University of Queensland and Academy Health Science Centre and Transcultural Research Institute.
- Maintain effective linkages with other units, service providers and agencies to provide a better network of services for children and adolescents and their families at risk of, or with, mental health problems.
- Work with the senior management of Community Health to ensure the development of a seamless service for children and their families of Metro South Mental Health Service.
- Work with Metro South Mental Health to achieve effective clinical risk management and clinical peer review procedures.
- Promote medical staff involvement in the multidisciplinary workforce, particularly in areas of consultation, teaching and supervision.
- Take an active role in maintaining whole of service accreditation and development of quality clinical practice.
- Continue to maintain a work environment that facilitates the recruitment and retention of skilled staff.
- Support the junior medical staff program across Metro South Mental Health.
- Encourage the development and maintenance of mentoring and supervision programs across clinical groups.
- Promote the introduction of clinical student groups into the mental health to gain exposure to and appreciate of the needs of the health group.

CONTRIBUTION TO ORGANISATIONAL GOALS

- Promote the delivery of clinical service to people with a mental health problem that is consistent with published practice guidelines, where they exist.
- Work towards the goals and strategies of the Metro South Mental Health.
- Business Plan and Metro South Mental Health Corporate Plan.
- Ensure the effective and efficient management of services, resources and assets.
- Ensure effective performance management occurs within the service, particularly for Senior Managers and Clinical Directors.

QUALITY MANAGEMENT

- Supervisor: Implementation of the Standards, Policies and Procedures which are required to achieve Accreditation.

POLICY COMPLIANCE

- Comply with QH and policies and procedures in respect to Occupational Health and Safety, Infection Control, EEO and Code of conduct and Ethics.
- Be fully aware of the Service's Fire, Disaster and other emergency procedures.
- Maintain confidentiality and exercise discretion in relation to all Metro South Mental Health matters.

CHALLENGES

- The development of a service that provides equitable, timely access for the community across a diverse geography and population including rural, remote and metropolitan areas.
Recruitment and retention of high quality staff.

DECISION MAKING

- The strategies to improve clinical and operational governance, the development of services to enhance delivery of care for patients / consumers, carers/families and the community

Mandatory qualifications/Professional registration/Other requirements

- Appointment to this position requires proof of qualification and registration or membership with the appropriate registration authority or association in Australia. Certified copies of the required information must be provided to the appropriate supervisor/manager, prior to the commencement of clinical duties.
- MBBS or equivalent registrable with the Medical Board of Queensland,
- Fellowship of the Royal Australian & New Zealand College of Psychiatry
- Current registration as a specialist in psychiatry with the Medical Board of Queensland
- This position will be required to work all shifts in accordance with the unit roster.
- This position may be required to travel and work across all Metro South Mental Health Services which includes Logan Hospital, Redland Hospital, Princess Alexandra Hospital and various Mental Health community sites.
- The incumbent is required to operate a motor vehicle, as driving may be a significant task in the delivery of this positions objectives, so proof of a current 'C' Class licence must be provided.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

- Provides patient care by displaying personal qualities of respect, politeness and empathy as well as involving patients and carers in the care process.- **Patient Focus**
- Demonstrates effective communication skills by actively listening, providing relevant and timely information and adapting their style to suit others.- **Communication**
- Supervises staff in relation to patient care by setting clear expectations, by encouraging and providing constructive feedback, and demonstrating solid leadership skills.-**Staff Supervision**
- Promotes a safe and quality focused work environment by demonstrating safe work practices, reviewing practices, identifying areas of improvement and acting accordingly, and initiating and participating in quality audits and risk management activities.-**Continuous Improvement**
- Committed to own ongoing professional development and actively contributes to professional memberships and networks.- **Continuous Learning**
- Demonstrates effective financial decision making, prioritizing effectively and understanding the impacts of their decisions – **Financial Management**

Technical knowledge

- Ability to demonstrate knowledge and experience in all aspects of psychiatry
- Ability to demonstrate leadership skills and experience within a public mental service multidisciplinary team
- Ability to demonstrate skills in working effectively with consumers and carers
- Ability to demonstrate aptitude for and experience in service development
- Knowledge of the National Mental Health Standards and ACHS standards

How to apply

Please provide the following information to the panel to assess your suitability:

- **Your current CV or resume, including referees.** Applicants must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **A short response** (maximum 1–2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key responsibilities and meet the key attributes.

About the Health Service District/Division/Branch/Unit

Metro South Health District Mental Health Services has a catchment of 4591 square kilometres and serves a population of over 975,000.

The aim of the Service is to promote, improve and maintain the mental health of people in the District. In partnership with individuals, their carers and the community, Mental Health Services provides specialised services to children, adolescents, and adults who have experience of severe mental illness.

Mental Health Services Facilities include:

- Princess Alexandra Mental Health Service - Princess Alexandra Hospital, Burke Street, Woolloongabba, MacGregor, Inala, Upper Mt Gravatt and Coorparoo
- Bayside Mental Health Service - Redland Hospital, Wynnnum and Cleveland
- Logan - Beaudesert Mental Health Service - Logan - Beaudesert Hospitals, Meadowbrook, Logan Central, Browns Plains and Beenleigh.

As part of the [National Health Reforms](#), the Queensland Government is introducing 17 new local health and hospital networks (LHHNs) by 1 July 2012.

Metro South will become the network responsible for providing public health services to the large and diverse geographical area incorporating Brisbane's south side, Logan and Redland.

Our service will continue to provide all Queenslanders, including those living in rural, regional and remote areas with access to high quality mental health care.

Additional information on Metro South Mental Health Service District is available on QHEPS site via <http://www.health.qld.gov.au/wwwprofiles/metrosouth.asp#facilities>

Pre-employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. The recommended applicant will be required to disclose any serious disciplinary action taken against them in public sector employment.

Roles providing health, counselling and support services mainly to children will require a Blue Card. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and young people

All relevant health professionals (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or young person has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to the Department of Child Safety.

All relevant health professionals are also responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.

Salary Packaging

To confirm your eligibility for the Public Hospital Fridge Benefits Tax (FBT) Exemption Cap please contact the Queensland Health Salary Packaging Bureau Service Provider – RemServ via telephone 1300 30 40 10 or <http://www.remserv.com.au>.

Disclosure of Previous Employment as a Lobbyist

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at

<http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>

To find out more about Queensland Health, visit www.health.qld.gov.au

Probation

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 http://www.health.qld.gov.au/hrpolicies/resourcing/b_2.pdf

ADDENDUM 1 TO POSITION DESCRIPTION

CONSULTANT'S ROLE AS A CLINICAL TEACHER

The consultant sets the tone and standard of the unit and is generally regarded as the team leader and facilitator. The consultant's role is therefore an important one in helping resident medical officers achieve the educational objectives set for them.

1. **Increase the Resident Medical Officer's knowledge and skills in patient management by:**
 - Demonstrating the importance of record keeping by reading the records and commenting on the contents, and checking the charts for accuracy by reviewing them orally with the patient and other relevant persons.{ FILENAME \p }{ FILENAME \p }
 - Encouraging resident medical officers to synthesize comments and instructions given on ward rounds, and checking the information written for accuracy and omissions.
 - Ensuring resident medical officers present cases on a ward round including proposals for treatment and medication
 - Providing a positive role model with regard to communication with patients and their relatives, nurses and other health professionals
 - Checking patient discharge correspondence prepared by the resident medical officers for accuracy and completeness.
2. **Improve own teaching by:**
 - Increasing awareness of, and skills in, educational strategies that may be used when educating resident medical officers
 - Contributing to the setting of unit educational objectives for resident medical officers
 - Monitoring resident medical officers' progress
 - Providing frequent and constructive feedback to resident medical officers on their progress.
3. **Maximise the resident medical officer's education experience in the unit by:**
 - Effectively supervising the resident medical officer (with the registrar)
 - Encouraging resident medical officers attend educational sessions and other sessions specifically organised for them
 - Communicating expectations of the resident medical officers' educational experiences at unit meetings.
4. **Participate in the assessment of resident medical officers by:**
 - Giving half and full term feedback to the resident medical officer on your assessment of the resident medical officers' progress.

ADDENDUM 2 TO POSITION DESCRIPTION

The position of Executive Director requires skills in management, leadership, clinical governance, clinical care, supervision and training.

Management:

In conjunction with the, Executive Management and Program Manager/Team Leaders:

1. Ensure the service attends to its duties and responsibilities under the Mental Health Act of Queensland and other relevant legislation.
2. Meet with the Program Manager/Team Leaders on a regular basis.
3. Participation in service planning and evaluation and working with Executive Management to set strategies for future service provision.
4. Attend all and lead a proportion of regular Executive Committee and local Team Management meetings, as well as other meetings, such as local Quality and Critical Incident Review Meetings.
5. In conjunction with the Program Manager/Team Leader:
 1. Responsible for determining service requirements and
 2. The deployment of clinical staff within the service.
6. In conjunction with the Business Manager and Executive Management, ensure efficient utilisation and management of resources and finances in order to support the budgetary goals of cost containment and efficiency.
7. Meet with Staff Specialists, and Career Medical Officer's(CMOs) within three [3] months of commencing service to develop a Performance Management Plan and thereafter meet on an annual basis to review the Performance Management Plan of the staff specialists and CMOs.
8. It is expected that the Clinical Director will provide regular monthly reports to Executive Management.

Leadership:

The Executive Director shall:

1. Have the capacity to think proactively and strategically, anticipate service development outside of the confines of their own role and develop a focus on future development with the Executive.
2. Develop and support an evidence based clinical practice and safe coordinated patient care by participating in appropriate clinical governance committees and processes for quality improvement, complaint management, risk management and development of clinical guidelines.
3. Develop, implement and participate in regular review of clinical structures and processes along with Executive Management to set strategies for future service provision.
4. Actively develop progress, enhance and communicate the relationship with: Executive Management; Local Management Teams; Consultant Psychiatrists; Junior Medical Staff; other clinicians on the Team including nursing and allied health staff; other teams; Psychiatry Training Unit.
5. Develop both personally and service wide an ethos of peer support and consultation with the Executive management, Program Manager/Team Leader, local management team, clinical and other staff of the service.

Clinical Governance

The Executive Director shall:

1. Be responsible for review, monitor and maintain quality improvement processes of all the work units under his/her governance.
2. Keep abreast of all important service issues particularly in relation to patient care and significant problems in delivering care.
3. Brief Executive Management on any difficulties in delivering service and critical incidents, situations of risk or complaints in service delivery.
4. Participate in the review of all adverse events and serious incidents and in collaboration with the respective Program Manager/Team Leader, ensure that policies are developed to address identified issues.
5. Review and monitor implementation of National Standards for Mental Health Services.
6. Develop and implement clinical guidelines and safe medication prescribing practices.
7. Foster and implement utilisation of outcome measures in provision of appropriate level of clinical care to consumers.
8. Be responsible for ensuring that clinical services are delivered within a coordinated, comprehensive, recovery oriented framework that reflects biopsychosocial best practice models of care and involves consumers and their carers.
9. Ensure consumers with complex needs and at high risk to either themselves or others are reviewed by a consultant Psychiatrist soon after such a risk emerges.
10. Be responsible for undertaking daily independent decisions about the delivery of service in consultation with Team Leaders/Program Managers. Balancing equity of access with the efficient delivery of patient care and outcome, particularly prioritising which consumers are provided a

service (especially in-patient unit) is crucial. Significant issues, which would include developing services or requiring new resources or issues of risk to patients or the service would be expected to be discussed within the local management team and then presented to Executive Management along with a proposed course or course/s of action.

11. Ensure a collaborative working relationship between Continuing Care East/South and other teams within the Mental Health Division.
12. Ensure the service develops and maintains appropriate communication with general practitioners on patient and service related issues.
13. Ensure the maintenance of accurate and proper medical records and attend to own correspondence and investigations in a prompt manner.

Clinical Role

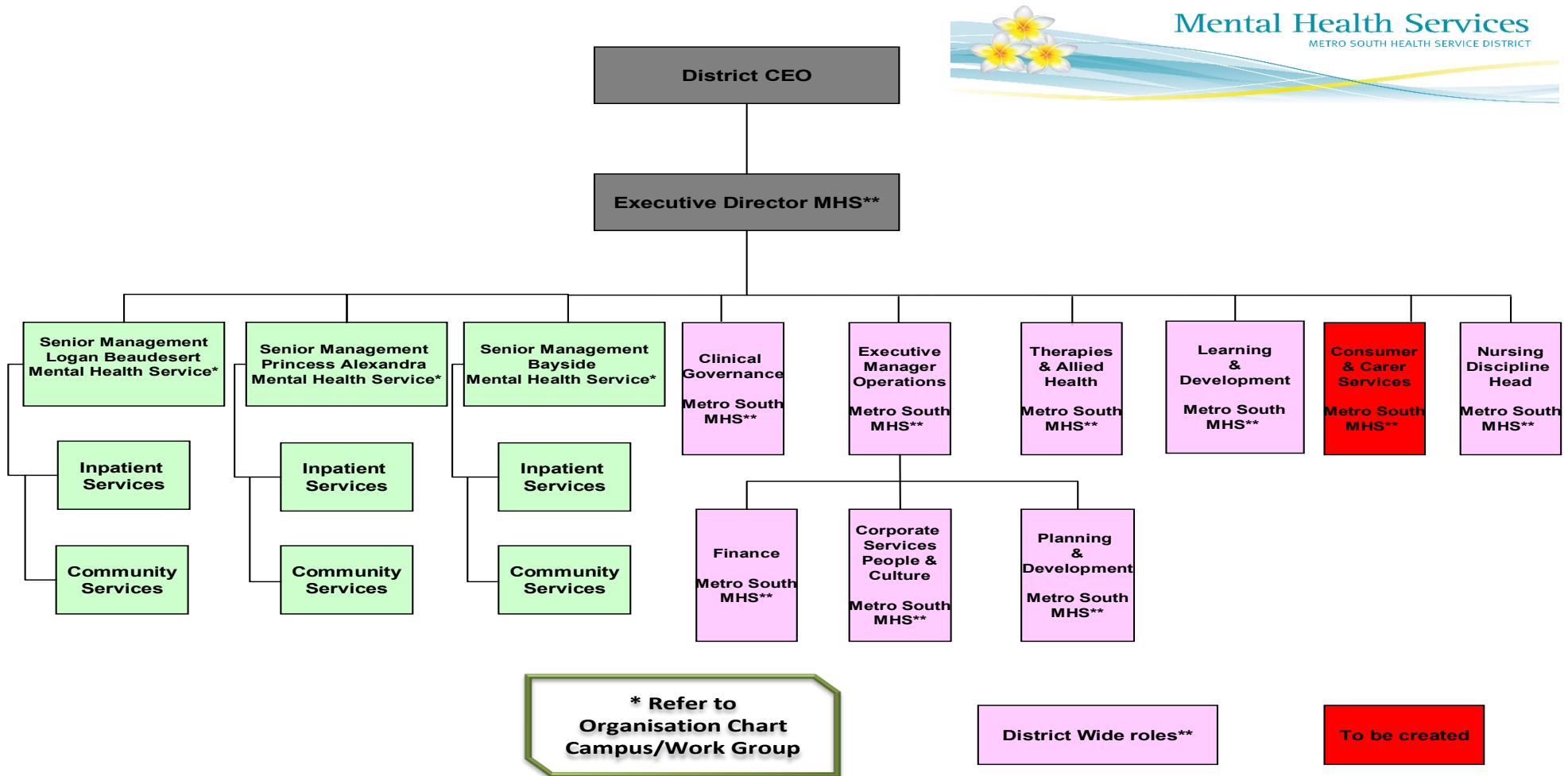
In discussions with the, the Program Manager /Team Leader and within the limitations of a busy public mental health service in a large geographical area where components of socioeconomic disadvantage occur along side areas of rapidly expanding development and population growth, shall:

1. Provide mental health services through offering expert assessment, diagnosis, case planning and appropriate treatment to patients (directly under them either as an in-patient or an out-patient) and their families, and providing consultation and education to the network of referring agents and other service providers.
2. Maintain an in-depth knowledge of the patients under his/her care, and be able to provide a stable, skilled and scholarly long-term perspective on the patient's progress.
3. Provide clinical leadership for the multidisciplinary team by participating in the multidisciplinary ward rounds and team reviews.
4. Provide reciprocal cover for colleagues (senior and junior) during periods of study and annual leave or other short, unexpected absences.
5. Participation in an after-hours on call roster.
6. In regards to after-hours duty, provide good support to the Junior Medical Officers and other staff who may request your assistance.
7. Liaise with after-hours management about urgent issues requiring a Consultant Psychiatrist's input.
8. Participation in ECT service planning and training and an ECT roster.

Supervision, Education and Training

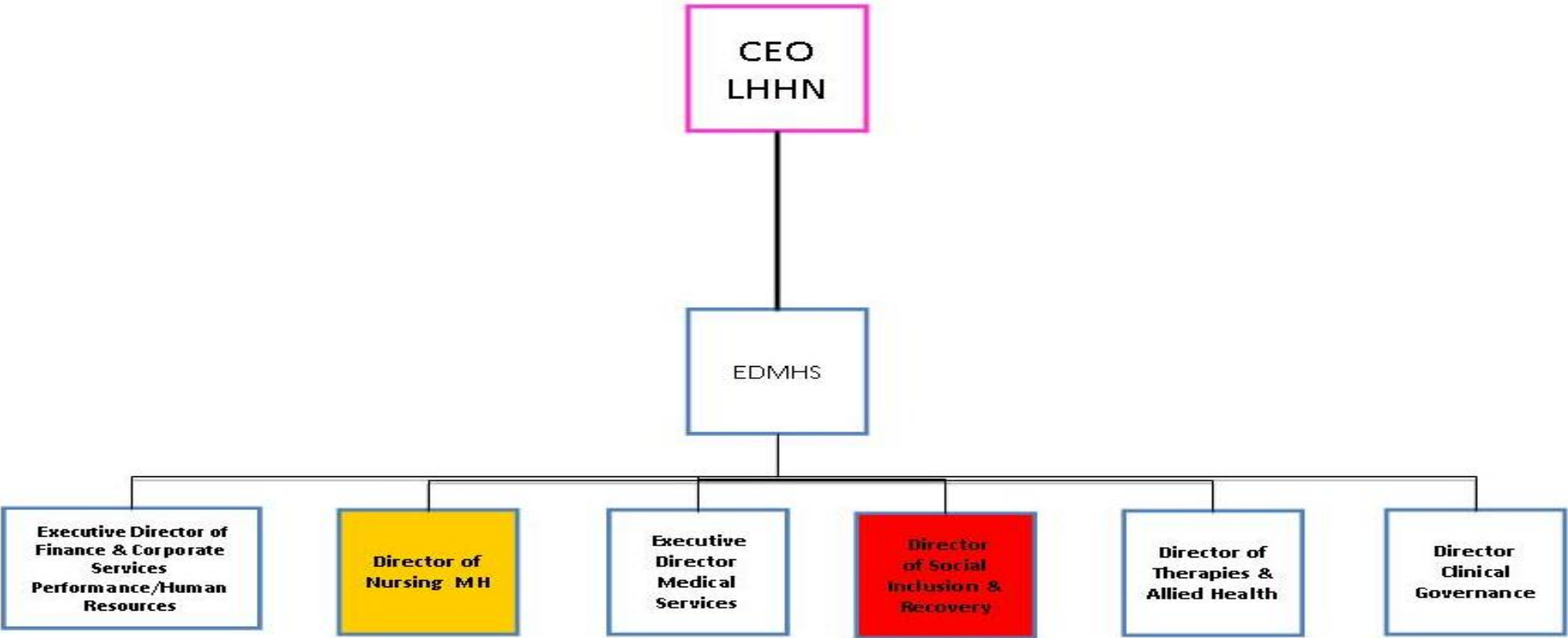
Match teaching and supervision requirements with the requirement for leading the service by:

1. Providing specialist psychiatric advice, support and supervision to junior medical staff and other multidisciplinary clinical staff.
2. Fostering an environment of education, quality improvement, evidence based practice and reflective feedback and learning.
3. Undertaking responsibility for developing and supporting clinical teaching, particularly in relation to resident medical staff and medical students.
4. Participating in the Psychiatry and International Medical Graduate Training Program as per the standards set by RANZCP.
5. Participating in the twice weekly registrar education sessions and other service-wide education programs and provide education in their areas of specialty or interest.
6. Leading and supporting staff in developing skills in research and utilizations of outcome measures for effective use of resources and improved client outcomes.
7. Undertaking continuing professional development to enhance clinical and managerial skills, for example, by participating in monthly Peer Review, workshops, conferences.
8. Manage the performance appraisal and development of subordinate staff.
9. Provide ethical decision making in the achievement of organisational goals.



ORGANISATIONAL CHART

Metro South Mental Health Executive – **Purposed version**



Metro South Addiction and Mental Health Services

Role Description

Job ad reference:	(Insert)
Role title:	Executive Director - Mental Health
Status:	Permanent/Temporary full time position <i>(Future vacancies of a permanent, temporary, full time and part time nature may also be filled through this recruitment process)</i>
Unit/Branch:	Metro South Mental Health Services Executive
Division/Health Service:	Metro South Addiction and Mental Health Services Metro South Hospital and Health Service
Location:	Sanders Street, Upper Mt Gravatt
Classification level:	L29
Salary level:	(Insert) <i>Appointment to and remuneration at a particular classification and level is subject to qualifications and experience.</i>
Closing date:	Insert <i>(Applications will remain current for the duration of the vacancy)</i> <i>Please note: No third party applications will be accepted</i>
Contact:	(Insert)
Telephone:	(Insert)
Online applications:	www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au If you are unable to apply online, please contact Recruitment Services on [REDACTED] or [REDACTED]
Deliver application:	Hand delivered applications will not be accepted

Purpose of the Role

The role is required to provide strong leadership and support the strategic direction which seeks to provide high quality service provision as part of an integrated mental health service, comprising in-patient and community services. It is expected the role will actively participate in the promotion and development of mental health.

Your key responsibilities

- Fulfil the accountabilities of this role in accordance with Metro South's purpose and objectives.
- Staffing and budget responsibilities:
 - This position has single point of accountability for financial, Clinical Governance, Human Resources and Corporate Services.
 - This position will provide professional leadership/oversight to medical staff within the Division, and be an active contributor to multidisciplinary processes.
 - Recurrent \$1,000,000.00
 - Non recurrent \$100,000.00
 - This position reports to the Chief Executive Officer, Metro South Hospital and Health Service.
- Lead and manage staff by fostering and committing to patient safety and quality in the delivery of health care by maintaining and evaluating safety and quality practices.
- Foster the promotion of standards of excellence in the provision of clinical and public health services.

- Using the population health based approach, implement a spectrum of evidence based clinical programs in Mental Health Services which are commensurate with the levels of mental health need across the lifespan in the Metro South Region.
- Provide effective leadership of Metro South Addiction and Mental Health Service in accordance with the Area Corporate Plan, Mental Health Strategic Plan and Qld policy direction.
- Provide effective clinical leadership of Metro South Addiction and Mental Health Service to enhance the provision of high quality mental health promotion, prevention, intervention, treatment and rehabilitation services to the people of Metro South and people referred to the Metro South Addiction and Mental Health Service.
- Work with Metro South Addiction and Mental Health Service to achieve effective clinical risk management and clinical peer review procedures.
- Continue to maintain a work environment that facilitates the recruitment and retention of skilled staff.
- Effective leadership of the Metro South Addiction and Mental Health Service in accordance with the Area Corporate Plan, Mental Health Strategic Plan and QLD policy direction.
- Promote the integration of services within the Mental Health Clinical Cluster.
- Support a safe working environment for all staff, patients and visitors.
- Responsibility for the budget allocation of the mental health service with the aim of providing an effective and comprehensive mental health service for the people of the Metro South Addiction and Mental Health Service.
- Provide leadership to staff of Metro South Addiction and Mental Health Service – this may include involvement in a range of activities across the service including industrial and OH&S matters, and service development within the multidisciplinary service framework.
- Promote research, training, education and development of programmes for clinical care through a close working relationship with the Griffith University, Queensland University of Technology, University of Queensland and Academy Health Science Centre and Transcultural Research Institute.
- Provide effective clinical leadership of Metro South Addiction and Mental Health Service to enhance the provision of high quality mental health promotion, prevention, intervention, treatment and rehabilitation services to the people of Metro South and persons referred to the Metro South Addiction and Mental Health Service.
- Co-ordinate and manage medical practice across Metro South Addiction and Mental Health, this will include the promotion of research, academic excellence and contemporary clinical practice across all units of Metro South Addiction and Mental Health Service.
- Encourage effective linkage and integration of mental health with other services of Metro South Hospital and Health Service, general practitioners, private providers, non-government organisations and other government agencies to provide early intervention, seamless care to patients and their families and to promote better outcomes.
- Advocacy on mental health issues with key organisations including educational and training organisations, the Divisions of General Practice, staff and units of the Metro South Hospital and Health Service, the media and the community.
- Develop, maintain, implement and review medical practice in relation to recruitment, resource management and service delivery.
- Providing leadership and management for clinical services, in accordance with the philosophies, policies and procedures of the Metro South Addiction and Mental Health.
- Support either directly or by delegation an active role on any committees or working parties of these organisations as necessary.
- Be involved, as required in teaching and research projects that further promote mental health skills, education and awareness.
- In conjunction with Metro South Addiction and Mental Health, work to support appropriate academic links with the Griffith University, Queensland University of Technology, University of Queensland and Academy Health Science Centre and Transcultural Research Institute.
- Maintain effective linkages with other units, service providers and agencies to provide a better network of services for children and adolescents and their families at risk of, or with, mental health problems.

- Work with the senior management of Community Health to ensure the development of a seamless service for children and their families of Metro South Addiction and Mental Health Service.
- Work with Metro South Addiction and Mental Health to achieve effective clinical risk management and clinical peer review procedures.
- Promote medical staff involvement in the multidisciplinary workforce, particularly in areas of consultation, teaching and supervision.
- Take an active role in maintaining whole of service accreditation and development of quality clinical practice.
- Continue to maintain a work environment that facilitates the recruitment and retention of skilled staff.
- Support the junior medical staff program across Metro South Addiction and Mental Health Service.
- Encourage the development and maintenance of mentoring and supervision programs across clinical groups.
- Promote the introduction of clinical student groups into the mental health to gain exposure to and appreciate of the needs of the health group.
- Promote the delivery of clinical service to people with a mental health problem that is consistent with published practice guidelines, where they exist.
- Work towards the goals and strategies of the Metro South Addiction and Mental Health Service.
- Business Plan and Metro South Addiction and Mental Health Corporate Plan.
- Ensure the effective and efficient management of services, resources and assets.
- Ensure effective performance management occurs within the service, particularly for Senior Managers and Clinical Directors.
- Supervisor: Implementation of the Standards, Policies and Procedures which are required to achieve Accreditation.
- Comply with QH and policies and procedures in respect to Occupational Health and Safety, Infection Control, EEO and Code of conduct and Ethics.
- Be fully aware of the Service's Fire, Disaster and other emergency procedures.
- Maintain confidentiality and exercise discretion in relation to all Metro South Addiction and Mental Health matters.
- The development of a service that provides equitable, timely access for the community across a diverse geography and population including rural, remote and metropolitan areas.
- Recruitment and retention of high quality staff.
- The strategies to improve clinical and operational governance, the development of services to enhance delivery of care for patients / consumers, carers/families and the community.

Qualifications/Professional registration/Other requirements

- Appointment to this position requires proof of qualification and registration or membership with the appropriate registration authority or association in Australia. Certified copies of the required information must be provided to the appropriate supervisor/manager, prior to the commencement of clinical duties.
- MBBS or equivalent registrable with the Medical Board of Queensland,
- Fellowship of the Royal Australian & New Zealand College of Psychiatry
- Current registration as a specialist in psychiatry with the Medical Board of Queensland
- This position will be required to work all shifts in accordance with the unit roster.
- This position may be required to travel and work across all Metro South Addiction and Mental Health Services which includes Logan Hospital, Redland Hospital, Princess Alexandra Hospital and various Mental Health community sites.
- The incumbent is required to operate a motor vehicle, as driving may be a significant task in the delivery of this positions objectives, so proof of a current 'C' Class licence must be provided.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

Patient Focus - Provides patient care by displaying personal qualities of respect, politeness and empathy as well as involving patients and carers in the care process.

Communication - Demonstrates effective communication skills by actively listening, providing relevant and timely information and adapting their style to suit others.

Staff Supervision - Supervises staff in relation to patient care by setting clear expectations, by encouraging and providing constructive feedback, and demonstrating solid leadership skills.

Continuous Improvement - Promotes a safe and quality focused work environment by demonstrating safe work practices, reviewing practices, identifying areas of improvement and acting accordingly, and initiating and participating in quality audits and risk management activities.

Continuous Learning - Committed to own ongoing professional development and actively contributes to professional memberships and networks.

Financial Management - Demonstrates effective financial decision making, prioritising effectively and understanding the impacts of their decisions.

Technical Knowledge-

- Ability to demonstrate knowledge and experience in all aspects of psychiatry
- Ability to demonstrate leadership skills and experience within a public mental service multidisciplinary team
- Ability to demonstrate skills in working effectively with consumers and carers
- Ability to demonstrate aptitude for and experience in service development
- Knowledge of the National Mental Health Standards and ACHS standards

How to apply

Please provide the following information to the panel to assess your suitability:

- **Your current CV or resume, including referees.** You must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **A short response** (maximum 1-2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key responsibilities and meet the key attributes.
- **Application form** (only required if not applying online).

About Metro South Hospital and Health Service

Metro South Health is the largest Hospital and Health Service in Queensland, with an estimated residential population of approximately one million people or 23 per cent of Queensland's population.

Metro South Health is situated in the South-East corner of Queensland from the Brisbane River in the north to the Redland City Council in the east, and to the Scenic Rim Shire down to the border of New South Wales in the south-west. It is the most culturally diverse area of Queensland with 28.5% of the community born overseas and 16% from non-English speaking countries. This health service does not include the Mater Hospitals.

Clinical services provided within Metro South Health include:

- Princess Alexandra Hospital
- Logan Hospital
- Beaudesert Hospital
- QEII Hospital
- Redland Hospital
- Wynnum Health Service Centre
- Redland Residential Care
- Redland Renal Dialysis Unit
- Casuarina Lodge
- Marie Rose Centre (Dunwich)
- Community Health Services
- Oral Health Services
- Mental Health Services
- Medical Aids Subsidy Scheme

About Metro South Addiction and Mental Health Services / Academic Clinical Units

As part of the National Health Reforms (<http://www.yourhealth.gov.au/>), the Queensland Government introduced 17 new Hospital and Health Services (HHS) as of 1 July 2012. Metro South Health became the service responsible for providing public health services to the large and diverse geographical area incorporating Brisbane's south side, Logan – Beaudesert, Redland and Wynnum.

Metro South Addiction and Mental Health Services has recently undergone a transformation of service delivery across its current facilities. As a consequence of these changes consumer care is now based on individual needs, assessment and diagnosis rather than location. Consumers are however reviewed as close as possible to their residence. Ten (10) Academic Clinical Units were established to provide specialised programs across the following areas; Acute Inpatient Services, Resource and Access Services, Mood, Older Adult, Child and Youth, Psychosis, Rehabilitation, Consultation Liaison Psychiatry, Transcultural Mental Health and Addiction Services.

We are committed to our tripartite model of ensuring clinical excellence, research and education. With our exciting partnership with Diamantina Health Partners, Queensland's first academic health science centre, we are constantly exploring opportunities that will enable staff at all levels to engage in research, participate in conferences and work towards higher qualifications that their application of skills will ensure better outcomes for our consumers, carers, families and the community www.diamantina.org.au

Our service will continue to provide high quality addiction and mental health care across Metro South. Additional information on Metro South Addiction and Mental Health Services is available on the web site via <http://www.health.qld.gov.au/metrosouthmentalhealth>.

Our Vision

Is to provide our community excellence in consumer centred, integrated care across the continuum of addiction and mental health services.

Our Mission

Is to demonstrate exceptional care to consumers experiencing addiction and/or mental health problems so that we reduce the burden of disease and integrate care with our key health partners.

Key Priorities

We will pursue our four strategic priorities to help us achieve our vision:

- Better outcomes for consumers, families, carers and community
- A partnership approach - linking and engaging with our community
- Accountability and confidence in our health system

Pre-employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. The recommended applicant will be required to disclose any serious disciplinary action taken against them in public sector employment.

Roles providing health, counselling and support services mainly to children will require a Blue Card. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and youth

All relevant health professional (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to Child Safety Services, Department of Communities.

All relevant health professional are also responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.

Disclosure of Previous Employment as a Lobbyist

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at <http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>.

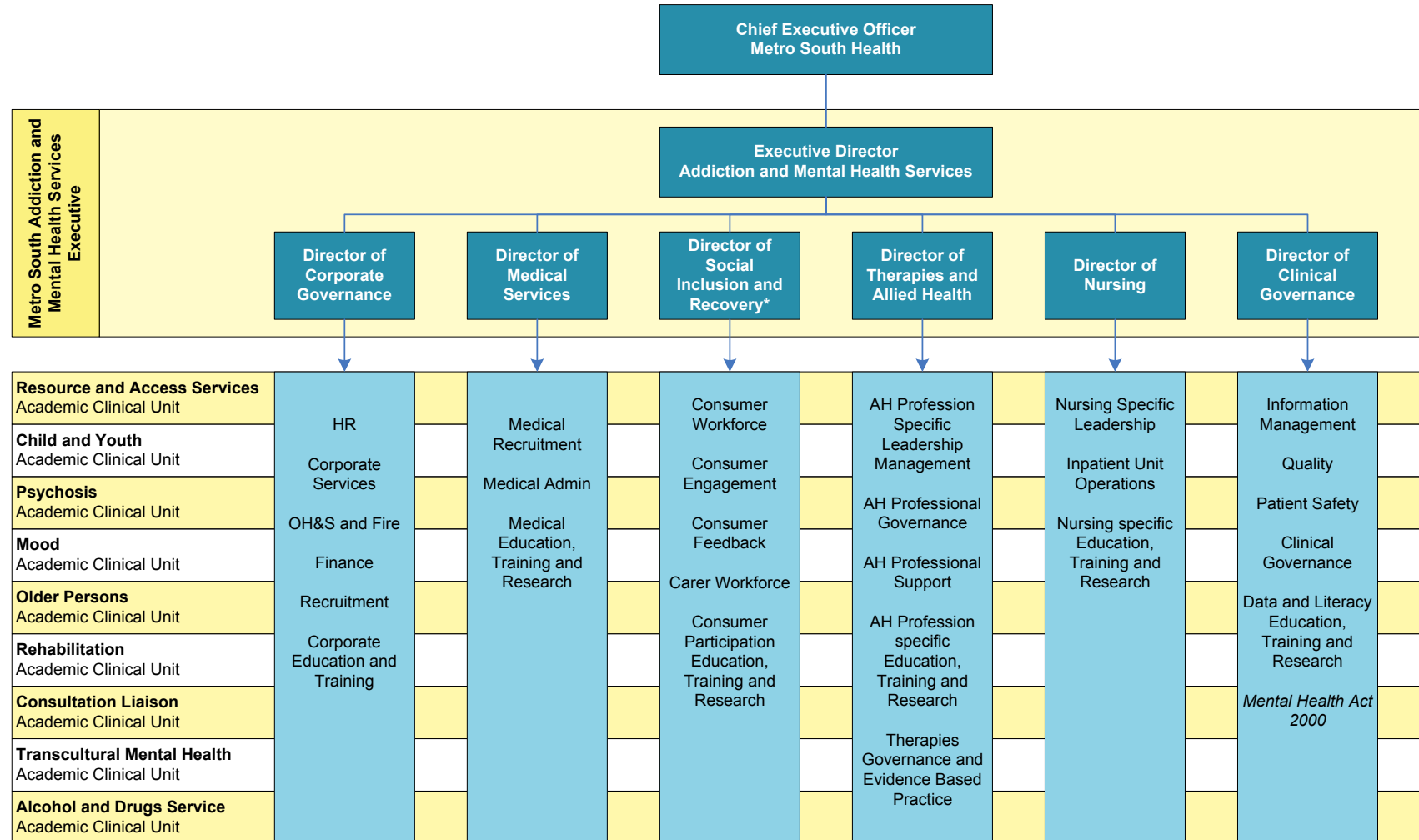
Salary Packaging

To confirm your eligibility for the Public Hospital Fringe Benefits Tax (FBT) Exemption Cap please contact the Queensland Health Salary Packaging Bureau Service Provider – RemServ via telephone 1300 30 40 10 or <http://www.remserve.com.au>.

Probation

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2: http://www.health.qld.gov.au/hrpolicies/resourcing/b_2.pdf.

MSAMHS Organisational Structure



* under establishment

Queensland Plan

for Mental Health

2007-2017



The Queensland Plan for Mental Health 2007-2017

Published by the Mental Health Branch,
Queensland Health, Queensland Government

ISBN 978-1-921447-22-8

June 2008

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Preferred citation: Queensland Government (2008),
Queensland Plan for Mental Health 2007-2017,
Queensland Government, Brisbane

Message from the Minister for Health

I am very pleased to present the *Queensland Plan for Mental Health 2007-2017*. The plan outlines priorities for the reform and development of mental health care over the next ten years.

The demand for treatment and support for people with mental illness continues to grow. Currently one in five adult Australians experience a mental illness in any one year. Depression is predicted to rise from the fourth to the second greatest cause of global disease burden over the next twenty years.

As part of the 2007-08 State Budget the Queensland Government committed a record \$528.8 million over four years to improve Queensland's mental health system. This unprecedented level of funding, the largest investment in mental health in Queensland's history, reflects the Government's deep commitment to delivering a better quality of life for people who live with mental illness, their families and carers.

In 2008-09 a further \$88.63 million has been allocated over four years to continue implementation of this Plan bringing the total Government commitment since July 2007 to \$617.43 million.

The *Queensland Plan for Mental Health 2007-2017* provides a blueprint for reform and will inform future investment in mental health services across the State. The directions outlined in the Plan establish a framework for the development of a more responsive system of services to better meet the needs of people who live with a mental illness.

Public mental health services will continue to play a major role, with the contribution of other sectors involved in the delivery of mental health care clearly highlighted. There is a much stronger role for non-government organisations, and major contributions from all levels of government.

The *Queensland Plan for Mental Health 2007-2017* has been informed by extensive consultations undertaken with mental health consumers, carers, service providers and key stakeholders.

Five priority areas for action have been identified. These priorities position mental health services to be better able to respond to existing and future demand for care, by building on the strengths of the current system, developing an appropriate mix and level of services and implementing new and innovative approaches to consumer and carer needs.

The priorities are:

- promotion, prevention and early intervention
- improving and integrating the care system
- participation in the community
- coordinating care
- workforce, information, quality and safety.

Effective partnerships around mental health care are essential. Improving collaboration between the public sector, private sector, non-government organisations, other agencies and departments and the broader community to respond to the needs of people who live with a mental illness, their families and carers is a prime aspect of the *Queensland Plan for Mental Health 2007-2017*. The reform of mental health care over the next ten years relies on these partnerships and the participation of the broader community.

I look forward to working with you as we further develop and implement our vision for mental health in Queensland.

Stephen Robertson MP
Minister for Health

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1. A vision for mental health

Throughout the world, mental disorders are common, affecting more than 20% of all people at some time during their lives. Mental health problems are universal, being experienced by people of all countries, by women and men of any age and socioeconomic status, and in urban and rural environments.

Mental disorders are the largest single cause of disability within Australia accounting for nearly 30% of the burden of non-fatal disease. In Queensland, it is estimated that 16.6% of the population is affected by mental disorders in any one year (further detail provided below).

A complex interplay of biological, psychological, social, economic and environmental factors influence mental health. This is true for all Queensland people, but has particular significance for some population groups, especially Aboriginal and Torres Strait Islander people who view social and emotional wellbeing holistically. Mental health status also influences access to various community resources and capacity to participate in society.

Meeting the mental health needs of Queensland's rapidly growing population poses challenges for governments, policy makers, researchers, service providers and communities. Queensland remains one of the fastest growing states in Australia with the population predicted to grow from 4 million to 5.6 million by 2026.

Mental illness in Queensland

- It is estimated that 16.6% of the Queensland population is affected by mental disorders in any one year (excluding dementia and alcohol and drug-related disorders, except where co-existing with another mental disorder).
- The figure rises to about 22% when alcohol and drug-related conditions are included.
- Anxiety-related and depressive disorders are the most prevalent, affecting approximately 7% and 6% of the population within any year respectively.
- Almost 2.5% of Queensland people experience severe mental disorders. About half of this group have a psychotic disorder and the remainder experience major depression or severe anxiety disorders and disabling forms of other disorders such as anorexia nervosa.
- Approximately 4.5% have a mental disorder of moderate severity, including depression, generalised anxiety disorder, post-traumatic stress disorder and panic disorder/agoraphobia.
- A further 9.6% have a disorder of mild severity and are at risk of recurring or continuing mental disorders.

*Queensland Health, 2007**

* Australian and international sources have been used as Queensland-specific prevalence data of comparable coverage and quality are not available.



While public mental health services in Queensland have undergone significant development in the last decade, there is a growing recognition that mental health is not solely the responsibility of the mental health treatment sector. Other sectors, in particular housing, disability and employment, play important roles in an individual's mental health and wellbeing, and on the broader social health of the community.

Each of these sectors together with education and training, child safety, police and emergency services, corrections and justice and community services, have a key role in maximising the mental health of Queenslanders.

The vision of the *Queensland Plan for Mental Health 2007-2017* is to facilitate access to a comprehensive, recovery-oriented mental health system that improves mental health for Queenslanders. The Plan aims to develop a coordinated approach that provides a full range of services that:

- promote mental health and wellbeing
- where possible prevent mental health problems and mental illness
- reduce the impact of mental illness on individuals, their families and the community
- promote recovery and build resilience
- enable people who live with a mental illness to participate meaningfully in society.

The mental health sector needs to build stronger partnerships with consumers, families, carers, and government and non-government services to achieve better outcomes for Queenslanders.

The delivery of recovery-oriented services is central to the Plan. Recovery is an emerging paradigm that has significant implications for people with a mental illness, families, carers and service providers. Recovery refers to a person's improved capacity to lead a fulfilled life that is not dominated by illness and treatment. The recovery approach does not focus on reduced symptoms or need for treatment alone, but on the person experiencing improved quality of life and higher levels of functioning despite their illness.

Recovery is an individual's journey toward a new and valued sense of identity, role and purpose outside the boundaries of mental illness. Recovery-oriented services assist an individual to live well despite any limitations resulting from their mental illness, its treatment, and personal or environmental conditions.

Recovery means that over time, individuals come to terms with their illness, learning how to accept and move beyond it. They learn to believe in themselves, identify strengths as well as limitations and find purpose and enjoyment in their lives, despite their illness. Services supporting individuals with mental illness have to focus on the potential for growth within the individual and acknowledge that individuals with mental illness are active participants in the recovery process.

Recovery acknowledges that having a mental illness does not necessarily mean life long deterioration. People with a mental illness are recognised as whole, equal and contributing members of our community, with the same needs and aspirations as anyone else. As a result, when working to facilitate recovery, the basic elements of citizenship need to be considered, such as ability to live independently, form social relationships and access employment opportunities. In doing this it is important that all relevant stakeholders adopt and are supportive of recovery-oriented service provision.

Sharing Responsibility for Recovery: creating and sustaining recovery-oriented systems of care for mental health. Queensland Health, 2005

People living with mental illness can and do recover to live productive lives in their communities. Recovery emphasises the need for a comprehensive community-based service system that works to address the full impact of mental illness. The improvement of mental health treatment services in isolation will not address all the issues related to the support of people with mental illness and their recovery.

There is growing recognition that a whole-of-government, whole-of-community approach is necessary to reduce the prevalence and impact of mental health problems and mental illness. The *Queensland Plan for Mental Health 2007-2017* brings together the sectors that impact on the mental health of individuals, their families, carers and communities.

The Plan recognises that a range of sectors including housing, education, training, employment, community support, health, corrections, justice, disability, police, emergency services and child safety have important roles to play in promoting mental health and reducing the impact of mental health problems and mental illness. A stronger role is envisaged for the non-government sector as a key partner in delivering comprehensive community based care and support.

Working collaboratively, these sectors have an important role to play in promoting the mental health and wellbeing of the general population, and assisting with the recovery of those experiencing mental health problems and mental illness.

“ *The vision of the Queensland Mental Health Plan 2007-2017 is to facilitate access to a comprehensive, recovery-oriented mental health system that improves mental health for Queenslanders.* ”



2. Achievements to date

The Queensland Government is building a better mental health system by improving the quality, range and access to mental health services. In October 2005, as part of the *Health Action Plan*, \$201 million was allocated over five years to boost mental health services in Queensland. Beginning in July 2006 this funding was used to:

Increase mental health service capacity throughout Queensland

- Across Queensland, 193.5 new positions were established at a cost of \$18 million per year. These new positions have increased access to community mental health services for people with mental illness by reducing waiting times and case loads.
- Forensic mental health services were expanded to improve services to people with mental illness who have been in contact with the criminal justice system. Specialised community forensic and court liaison services were enhanced with an additional 27 positions at a cost of \$3.16 million per year. This included the creation of the position of Director of Forensic Mental Health Services to provide statewide leadership and oversight of forensic mental health services.
- Additional funding of \$11.62 million per year was provided to assist in reducing pressure on existing services by increasing resources in Emergency Departments, acute inpatient treatment settings and other areas of significant demand.

Build the capacity of the non-government sector to support people with mental illness in the community

- Funding to community organisations was increased by \$5 million per year, including grants to 18 non-government organisations across Queensland to provide independent living skills and social support services to people with mental illness living in the community.

In recognition of the substantial social and economic impact of mental illness on individuals, families and the wider community, the Queensland Government committed to the Council of Australian Governments (COAG) *National Action Plan on Mental Health 2006-2011* ('the NAP') as part of the continued reform of mental health services in Australia. The initial commitment of \$366.2 million announced in July 2006 included the \$201 million provided under the *Health Action Plan* and a range of other mental health-specific initiatives funded within Queensland Health and other government departments.





In addition to the *Health Action Plan* enhancements previously listed, major initiatives funded in the initial COAG commitment include:

- the Housing and Support Program as a collaborative service initiative between the Department of Housing, Queensland Health, Disability Services Queensland and the Department of Communities. This program provides coordinated social housing, clinical treatment and non-clinical support to enable people with moderate to severe mental illness and psychiatric disability to live successfully in the community. The program included a \$20 million capital investment from the Department of Housing with clinical and disability support services funded by Queensland Health and Disability Services Queensland. A total of 80 supported social housing places were provided in 2006-07.
- development of service delivery hubs in a range of locations to provide integrated services to people in high areas of need. These included Early Years Service Centres, Blueprint for the Bush Service Delivery Hubs and Indigenous Domestic and Family Violence Counselling Services established by the Department of Communities. These hubs are designed to provide a comprehensive range of services, including mental health services, with a focus on children and families, rural communities, and Aboriginal and Torres Strait Islander people.

During 2006, Queensland Health also provided \$640,000 to seven Divisions of General Practice across Queensland for the implementation of the 'Partners in Mind' framework. This approach, which has been agreed between Queensland Health and General Practice Queensland, will establish a better integrated primary mental health care sector.

The 2007-08 Queensland State Budget provided an additional commitment of \$528.8 million over four years to expand the initial Queensland COAG mental health initiatives. This brings the total new investment

in mental health by the Queensland Government to \$895 million over the five years from 2006-11. This funding and the broad program of mental health reform are the focus of this Plan and are outlined in detail in Chapter 6.

These commitments will enable further development of the substantial network of District Mental Health Services, other government and non-government services in Queensland.

Currently the mental health inpatient system consists of more than 1,400 beds. During 2007-08, District Mental Health Services provided over 374,000 days of inpatient care. In addition, more than 2,000 staff were employed within community mental health services, and for the first time delivered more than 1.1 million occasions of services to Queenslanders with mental illness living in the community.

“The Queensland Government is building a better mental health system by improving the quality, range and access to mental health services.”

3. Providers of mental health services in Queensland

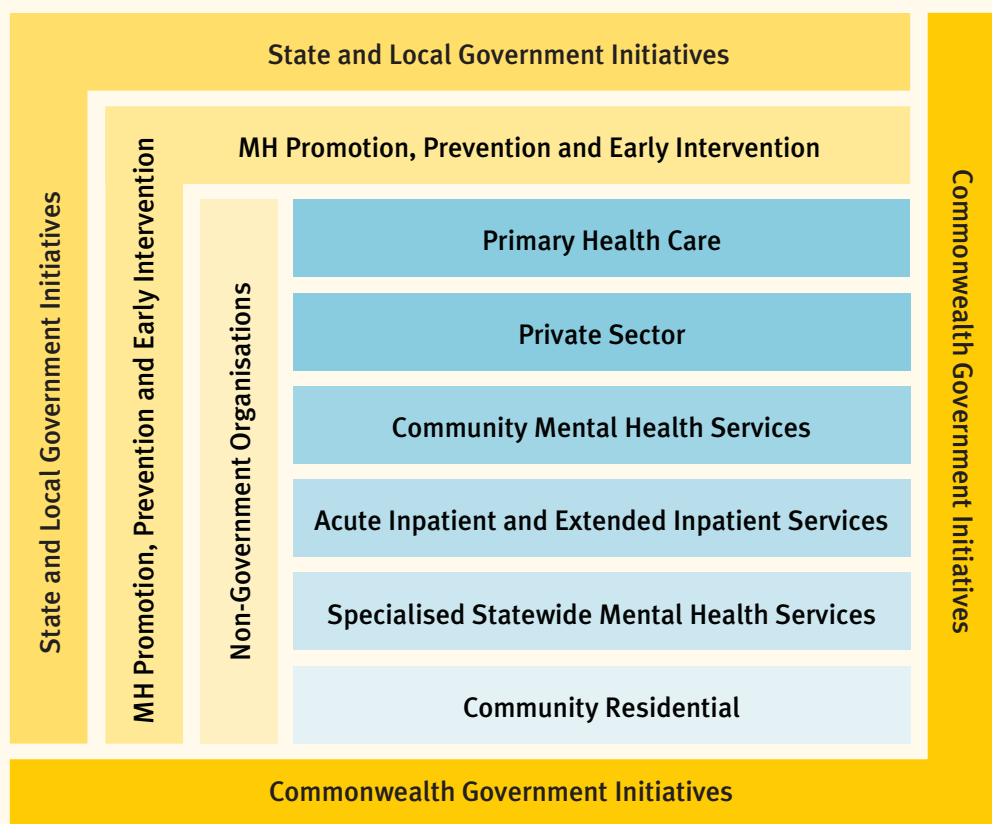
Mental health care in Queensland is delivered by a range of providers operating within and across different sectors. There are significant areas of interface between these sectors, as demonstrated in Figure 1.

The mental health treatment sector, supported by the broader health sector, has clear responsibility for delivery of a range of clinical assessment and treatment services. The mental health treatment sector includes both public and private providers.

They provide crisis response, acute, non-acute and continuing treatment services in inpatient and community settings.

A wide variety of other interventions, which support mental health and recovery, are provided by the broader government and non-government sectors. These may include services delivered by a housing or employment agency, or personal care from a non-government community support provider.

Figure 1: Queensland Mental Health Service System





Public mental health services are provided in each of the 20 Queensland Health Service Districts. They deliver specialised assessment, clinical treatment and rehabilitation services to reduce symptoms of mental illness and facilitate recovery. These services focus primarily on providing care to Queenslanders who experience the most severe forms of mental illness and behavioural disturbance, including those who are subject to the provisions of the *Mental Health Act 2000*.

Public mental health services work in collaboration with primary health and private sector health providers.

Primary health care providers include general practitioners, community health workers, nurses, allied health professionals, school health nurses, counsellors and community support groups. Their role includes assisting individuals with mental health problems and facilitating access to specialist public and private mental health services when required.

Private mental health services are delivered by psychiatrists, mental health nurses, clinical psychologists, social workers, occupational therapists and other allied health professionals with expertise in mental health care. They provide a broad range of services largely through office-based private practice and inpatient care within private hospitals, including dedicated private psychiatric hospitals.

Non-government organisations include not-for-profit community agencies, consumer, family and carer groups and other community-based services that provide a range of treatment, disability support and care services, which complement both public and private mental health services. Non-government organisations are the primary providers of psychiatric disability support for people with mental illness and play an important role in promoting and maintaining mental health and wellbeing.

All sectors, including public mental health services, other government agencies and non-government organisations are involved in identifying and intervening early with people who are at risk of developing mental illness and facilitating timely and effective recovery-oriented pathways to care. Key groups requiring particular attention in **mental health prevention and early intervention** include children of parents with mental illness, children and youth who have experienced, or are at risk of abuse/neglect, and young people displaying behaviour disturbances, and their families.

A safe environment, adequate income, meaningful social and occupational roles, secure housing, higher levels of education and social support are all associated with better mental health and wellbeing. Queensland Government departments are actively working together to deliver programs that aim to strengthen mental health and promote recovery, across the spectrum of interventions. Ensuring mental health services respond as effectively as possible to the needs of consumers, families, carers, and the broader Queensland community requires effective coordination and collaboration between these sectors and across the spectrum of interventions.

From July 2007, responsibility for funding of mental health services that are contracted from the non-government sector was transferred from Queensland Health to Disability Services Queensland (DSQ). This shift aligns responsibility for the development, implementation and management of mental health programs delivered through the non-government sector with other programs administered by DSQ in the community sector.

4. Purpose and scope of the Queensland Plan for Mental Health 2007-2017



The *Queensland Plan for Mental Health 2007-2017* provides a blueprint for reform of mental health care over the next ten years. It identifies interventions to be delivered by the different sectors to provide a system which is responsive to the needs of consumers, families and carers. This will reduce the burden of mental illness on individuals, families and the community. The Plan provides a framework which balances increases in the

capacity of public mental health services against an expanded and strengthened role for non-government services and other areas of government. Collaboration and partnerships between these multiple stakeholders is pivotal in protecting the mental health of the Queensland community and supporting recovery for people living with mental illness.

“

Mission:

To provide a comprehensive, resilience and recovery-based mental health system across Queensland, with emphasis upon promotion, prevention and early intervention.

”

The scope of the *Queensland Plan for Mental Health 2007-2017* has been influenced by the framework provided by the *National Mental Health Strategy* and Queensland Government policies and plans including:

- *National Mental Health Policy 1992*
- *National Mental Health Plan 1993-1998*
- *Second National Mental Health Plan 1998-2003*
- *National Mental Health Plan 2003-2008*
- *Council of Australian Governments National Action Plan for Mental Health 2006-2011*
- *Mental Health Statement of Rights and Responsibilities (1991)*
- *National Standards for Mental Health Services (1996)*
- *National Mental Health Information Priorities 2nd Edition*
- *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000*
- *National Practice Standards for the Mental Health Workforce (2002)*
- *National Action Plan on Perinatal Mental Health*
- *Aboriginal and Torres Strait Islander Social and Emotional Well-being Framework 2004-2009*
- *Key Performance Indicators for Australian Public Mental Health Services (2004)*
- *National Safety Priorities in Mental Health: A National Plan for Reducing Harm (2005)*
- *Ten Year Mental Health Strategy for Queensland (1996)*
- *Queensland Forensic Mental Health Policy 2002*
- *Queensland Mental Health Strategic Plan 2003-2008*
- *Queensland Health Systems Review (Forster, 2005)*
- *Queensland Health Action Plan 2005*
- *Queensland Statewide Health Services Plan 2007-2017*
- *Queensland Health Strategic Plan 2007-12*
- *Queensland Health Disability Services Plan 2007-12*
- *Queensland Plan for Multicultural Health 2007-2017.*

The *Queensland Plan for Mental Health 2007-2017* also builds on the recommendations of two key reports. The first, *Promoting Balance in the forensic mental health system - Final Report - Review of the Queensland Mental Health Act 2000*. The Review was charged with examining the efficacy of provisions in the *Mental Health Act 2000* and administrative arrangements relating to victims, as well as assessing whether associated arrangements achieve an appropriate balance between community safety considerations and the provision of rehabilitation to forensic patients.

The Queensland Government Response to the Final Report - Review of the Queensland Mental Health

Act 2000, details strategies to implement the Review recommendations.

The second, *Achieving Balance: The Report of the Queensland Review of Fatal Mental Health Sentinel Events*, is being implemented during the life of this Plan and will form the basis of the development of a mental health safety plan.

Planning parameters used in the development of the *Queensland Plan for Mental Health 2007-2017* were drawn from the information paper *Planning Estimates and Technical Notes for Queensland Mental Health Services*, prepared for the Mental Health Branch, Queensland Health.

5. Principles

The *Queensland Plan for Mental Health 2007-2017* articulates six principles to guide and support reform. Mental health intervention, care and service delivery across all sectors in Queensland should align with these principles.

Principle 1 – Consumer and carer participation

Consumers, families and carers are actively involved in all aspects of the mental health system

The mental health system will support active participation of consumers, families and carers in all aspects of activity including policy development and implementation, service planning and delivery, and research to ensure mental health care is oriented to meeting the specific needs of individuals.

Principle 2 – Resilience and recovery

The mental health system promotes resilience and recovery

Mental health care will be provided within an operational framework that promotes resilience and recovery.

Principle 3 – Social inclusion

The mental health system is community-oriented, comprehensive, integrated and socially inclusive

Consumers, their families and carers will have access to a comprehensive community-based system of treatment, care and support that promotes recovery and works in a positive manner to address the impact of mental illness.





Principles

Principle 4 – Collaboration and partnerships

Cooperation, collaboration and partnerships are key elements of the mental health system

The mental health system will operate through inter-sectoral cooperation, collaboration and partnerships with a range of stakeholders including consumers, families and carers.

Principle 5 – Promotion, prevention and early intervention

Promotion, prevention and early intervention are integral to the mental health system

Promotion, prevention and early intervention (PPEI) will occur at the population, group and individual level, to build individual and community resilience and wellbeing, effectively target key risk and protective factors, and facilitate early intervention.

Principle 6 – Evidence-based

Mental health care is evidence-based, prioritising quality and safety

High quality services will be accessible and responsive, informed by research and evidence of best practice, provided by a suitably skilled and supported workforce, and deliver improved outcomes to people living with mental illness, their families and carers, and the wider community.

The principles that underpin the *Queensland Plan for Mental Health 2007-2017* are in addition to the principles articulated within the United Nations *Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care*, the *National Mental Health Strategy* and the *Queensland Mental Health Act 2000*.

These frameworks encompass fundamental rights and responsibilities for all people who have a mental illness, including the following:

- People with mental illness are entitled to respect for their basic human rights, confidentiality, and must be able to participate in decisions made about them.
- The specific cultural, religious and language needs of individuals must be respected.
- Treatment should only be provided where it promotes or maintains the person's mental health, and should impose the least restriction on their rights possible with due regard for the safety of the person and others.

6. The reform agenda – improving mental health for Queenslanders

Five priorities guide the reform of the mental health system. These priorities will inform the investment over the period 2007-2017. These priorities and the associated strategies are consistent with the COAG *National Action Plan for Mental Health 2006-2011*.

The needs of consumers, families and carers drive each of the priorities. The involvement of consumers, families and carers in these areas will be instrumental in achieving change. Strengthening the mechanisms through which consumers, families and carers can influence reform of the Queensland mental health system in meaningful and effective ways must occur within each priority and all aspects of activity.

The five priorities have application across the spectrum of intervention and cover both clinical and non-clinical aspects of care. All components of the system are necessary for the system to function effectively. Development of a detailed service model that identifies target levels of resources required for each service

component is a key objective of the Plan, to ensure achievement of a balanced system over the next ten years.

These targets will be based on interpretation of trends in national and international planning and reflect best available knowledge at this point in time. The targets cover all components of priority areas and will be continually tested against experience as new services are developed. Ongoing developments in mental health care at the international and national level will be taken into consideration, in association with identification and analysis of local community needs.



The Queensland Plan for Mental Health 2007-2017

Priorities for reform

PRIORITY 1 Promotion, prevention and early intervention	Strengthen collaborative action to: <ul style="list-style-type: none"> • build individual and community resilience and wellbeing • effectively target key risk and protective factors • facilitate early intervention in known high risk groups for mental illness.
PRIORITY 2 Improving and integrating the care system	Enhance and develop the continuum of clinical mental health treatment and care for consumers, families and carers. This system will promote resilience and recovery.
PRIORITY 3 Participation in the community	Build capacity to assist and support people with mental illness to live full and meaningful lives in the community.
PRIORITY 4 Coordinating care	Facilitate the linkage of a range of services to provide an integrated system of care to consumers, families and carers.
PRIORITY 5 Workforce, information quality and safety	Enhance and strengthen the capacity of services to provide high quality, safe and evidence-based mental health care.

PRIORITY 1

Mental health promotion, prevention and early intervention

Strengthen collaborative action to:

- *build individual and community resilience and wellbeing*
- *effectively target key risk and protective factors*
- *facilitate early intervention in known high risk groups for mental illness.*

Key actions

- Establish statewide leadership through the Queensland Centre for Mental Health Promotion Prevention and Early Intervention (PPEI)
- Improve mental health literacy and capacity in non-clinical workers in key government and non-government services
- Strengthen responses for perinatal and infant mental health
- Reduce suicide risk and mortality within Queensland communities, within identified high risk groups such as Aboriginal and Torres Strait Islander populations, rural communities, and young people

Promotion, prevention and early intervention (PPEI) activities are vital elements in reducing the burden of disease associated with mental health problems and illness, and managing future demand for mental health services. PPEI addresses the health and wellbeing of the entire population, including all levels of mental health need within the community, and requires the contribution of a wide range of government and non-government agencies. Strengthening partnerships with these agencies and building their capacity to effectively contribute to the mental health and wellbeing of all Queenslanders is a priority.

Development of strategic partnerships across the government and non-government sectors aimed at improving mental health literacy, reducing stigma and discrimination experienced by people affected by mental illness, and targeting risk and protective factors for the prevention of high prevalence disorders is essential. Building supportive and inclusive environments, and resilient individuals and communities are also important tasks in promoting mental health into the future. Public mental health services play an important role in mental health PPEI through partnerships focused on intervening early with high risk groups and delivery of recovery-oriented services.

Actions for 2007-11

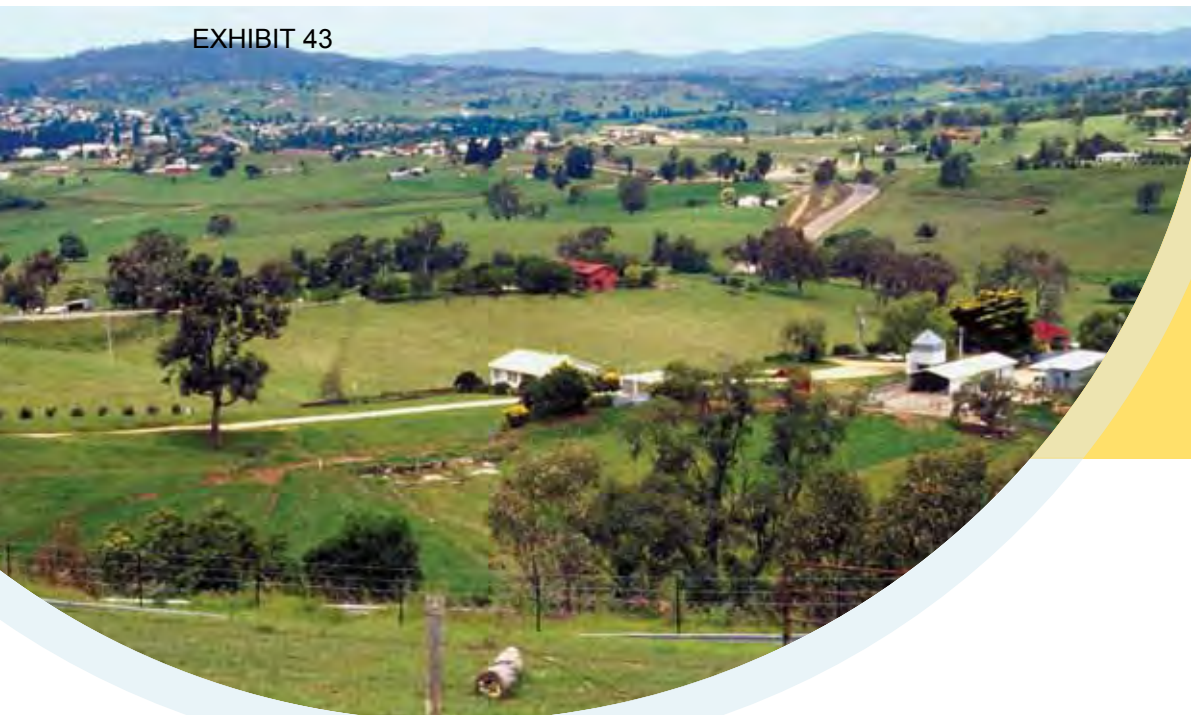
An additional \$9.35 million will be provided over four years to support activities which will build mental health promotion, prevention and early intervention capacity.

The Queensland Government will implement initiatives focused on enhancing and promoting mental health and wellbeing, preventing mental illness and providing early intervention, including:

- \$5.47 million to establish the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention to lead the development and implementation of a statewide framework for mental health promotion, prevention and early intervention including:
 - establishing the *beyondblue* Queensland Chapter to engage with the National Depression Initiative to promote recognition and early access to treatment for depression
 - improving mental health literacy and access to mental health first aid training for non-clinical workers in key government and non-government services
 - raising community awareness about mental illness, and reducing stigma and discrimination
 - promoting the use of innovative technologies in mental health promotion activities.



- \$2.91 million to support the ongoing development of cross-sectoral strategies, partnerships and agreements targeted at reducing suicide risk and associated mortality, including:
 - dedicated strategies to reduce suicide risk and mortality with a focus on specific high risk groups including Aboriginal and Torres Strait Islander populations, rural communities, and young people
 - development of a risk management framework for the detection and management of suicide risk
 - development of mechanisms to review all available information in relation to people who suicide in Queensland
 - increased capacity to follow-up people presenting to Emergency Departments with deliberate self-harm or attempted suicide.
- \$0.97 million to establish a hub of expertise in perinatal and infant mental health to provide co-case management, consultation, liaison, and support to public mental health services and the broader community sector.
- Providing training to health workers in hospital, community health and primary health care settings on psychosocial risk assessment, screening and pathways into care consistent with the *National Action Plan on Perinatal Mental Health*.
- Establishing processes for the early detection and psychosocial support of children of parents with mental illness.
- Establishing collaborative processes and interdepartmental partnerships to improve mental health problems in children and young people within education, justice and child protection settings.
- Developing partnerships and increasing access to education and training initiatives to enhance the capacity of the aged care sector to prevent and intervene early in mental health problems and reduce social isolation.
- Developing and implementing early detection and intervention with children and young people including enhanced consultation liaison, improved referral pathways, and training for school support personnel and other key providers such as youth support coordinators, child safety workers, and youth justice workers.
- Establishing programs that build individual and community resilience and capacity, including those targeting Aboriginal and Torres Strait Islander populations, people from Culturally and Linguistically Diverse backgrounds, and other high risk groups.



Outcomes by 2011

These initiatives will strengthen the capacity to promote mental health and wellbeing and to prevent and minimise the risk of mental illness developing, especially in high risk populations. By 2011 the Queensland Government will have delivered the following outcomes:

- established a statewide framework for mental health promotion, prevention and early intervention
- implemented a range of targeted, evidence-based mental health promotion, prevention and early intervention programs across government, non-government and community sectors
- implemented models to ensure early detection of 'at risk' populations
- improved the capacity to build community resilience to mental illness
- improved the response to suicide risk behaviours and the management of suicide risk.

Outcomes by 2017

By 2017, the Queensland Government will have:

- delivered whole-of-population mental health PPEI initiatives across government, non-government, and community sectors
- improved community awareness, understanding and attitudes towards mental health and mental illness
- established collaborative, evidence-based, mental health and early intervention initiatives across the lifespan
- established collaborative, evidence-based mental health prevention and early intervention to targeted high risk groups
- implemented and evaluated a comprehensive approach to suicide prevention and suicide risk management
- developed collaborative initiatives to address the mental health needs of specific communities and targeted populations.

“ *Promotion, prevention and early intervention activities are vital in reducing the burden of disease associated with mental health problems and issues.* ”

PRIORITY 2

Integrating and improving the care system

Enhance and develop the continuum of clinical mental health treatment and care for consumers, families and carers. This system promotes resilience and recovery.

Key actions

- Strengthen consumer, family and carer participation in mental health services
- Establish a statewide model of service to facilitate integrated service delivery across child and youth, adult, older persons, statewide and specialised mental health services
- Increase the capacity of community and inpatient mental health services to deliver high quality, responsive, consumer-focused care
- Build collaborative links with primary health and private sector providers to ensure effective links between services and efficient use of resources

Access to the right care and support at the appropriate time is important for people living with mental illness. A range of inter-connected clinical and community service options are required. These need to be responsive to the needs of people with mental illness, promote resilience and recovery, and facilitate positive outcomes.

Primary health, private and public mental health treatment services are all engaged in the delivery of assessment and treatment. Together they contribute to a spectrum of services required to meet the needs of people with mental health problems and mental illness. Close collaboration between providers will minimise the risk of duplication, service gaps and disconnections across the continuum of care.

The Plan focuses on fostering partnerships and improving linkages between services provided within and across the primary health, public and private specialist mental health sectors. It aims to improve access, support optimal care across all service levels and ensure effective use of specialised treatment resources. Innovative approaches to achieve improved continuity of care are proposed.

Actions for 2007-11

An additional \$345.8 million will be provided over four years to further expand mental health treatment and service capacity across sectors.

Consumer and carer participation

The Queensland Government will implement initiatives focused on enhancing the capacity of consumers and carers to be actively involved in mental health service planning and delivery. This includes:

- \$2.97 million to employ additional Consumer Consultants to provide support to consumers and to improve consumer engagement within mental health services
- developing a Queensland Government Consumer, Family and Carer Participation Policy
- establishing a statewide Consumer and Carer Coordinator position to coordinate consumer and carer service development initiatives and participation
- providing education and training to consumers, families and carers, mental health service providers and government and non-government staff to enable informed participation by consumers and carers in service delivery.

Primary and private sector mental health care

The Queensland Government will support the development of a coordinated framework for the delivery of primary and private mental health care. This includes:

- \$3.24 million to employ additional Primary Care Liaison Coordinators to improve coordination of services between primary health care and public mental health service providers.
- \$1.42 million to support the implementation of the 'Partners in Mind' framework and its integration with the Queensland Primary Mental Health Care Collaborative and community health services.
- establishing a forum for the public and private mental health sectors to collaborate and implement a plan for alignment of the two sectors with the aim of achieving a continuum of care for consumers moving between them. This would include communication protocols for access and reporting.
- delivering programs of collaborative care between general practitioners, other primary care providers and mental health professionals, particularly in rural and remote areas.
- \$11.55 million for 25 additional clinicians to provide mobile intensive treatment services to consumers with complex needs living in the community
- \$27.47 million for 60 additional clinicians to provide extended hours community-based emergency triage and brief acute treatment
- \$9.63 million for 18 additional consultation liaison clinicians to support early assessment, treatment and referral of mental health consumers
- \$10.5 million to employ 27 additional clinicians to provide tertiary statewide forensic services including, child and youth community forensic outreach, prison mental health, and court liaison services
- \$5.7 million to employ 26 additional administrative staff to support clinicians working in community mental health services
- \$15.32 million to expand district service and development capacity by establishing additional clinical leaders, supervisors and other staff to manage legislative, quality and safety activity.

Public mental health care

The Queensland Government will implement initiatives focused on expanding mental health care. This includes:

- \$37.78 million for 100 additional clinicians to provide child and youth community mental health services
- \$9.44 million for 22 additional clinicians to provide adult community mental health services
- \$18.7 million for 46 additional clinicians to provide older persons community mental health services
- \$121.55 million to expand the range of acute and extended treatment beds by providing 140 new beds and to upgrade existing services to meet contemporary standards. This is in addition to the services being provided as part of the development of the new Gold Coast, Sunshine Coast and the Queensland Children's Hospitals.

Mental health services to people receiving care in acute, extended and community mental health settings will be improved by providing:



- standardised service models and protocols for core public mental health service functions, including entry criteria, case management and inter-sectoral collaboration.
- protocols for inter-hospital transfers and referrals to Queensland Health Service Districts providing specialist services.

Mental health services to people in **rural and remote** areas will be improved by providing:

- \$2.36 million to develop a service model for rural and remote mental health services in collaboration with the Centre for Rural and Remote Mental Health Queensland, and to develop innovative mechanisms to improve recruitment, retention and development of mental health staff in rural and remote areas
- Programs developed in collaboration with the Centre for Rural and Remote Mental Health Queensland and the Queensland Centre for Mental Health Promotion Prevention and Early Intervention to promote mental health and prevent the development of mental health problems in rural and remote communities.

Mental health services to people from an **Aboriginal and Torres Strait Islander** background will be improved by providing:

- \$5.15 million to employ additional Aboriginal and Torres Strait Islander mental health workers to provide assessment, treatment and care to people with a mental illness who are from an Aboriginal and Torres Strait Islander background
- a specialist hub of expertise to provide leadership and oversight of development of service models,

workforce and partnerships in collaboration with the Centre for Rural and Remote Mental Health Queensland. The specialist hub will provide support to Aboriginal and Torres Strait Islander workers in the development and delivery of clinical services.

Mental health services to people from a **culturally and linguistically diverse** background will be improved by providing:

- \$1.8 million for additional clinicians to provide transcultural mental health services. These clinicians will help to improve the capability of mental health services to respond to the needs of people with a mental illness from a culturally and linguistically diverse background.
- programs to increase mental health literacy and reduce stigma and discrimination in culturally and linguistically diverse communities.
- support to the Queensland Transcultural Mental Health Centre in implementing the mental health components of the *Queensland Plan for Multicultural Health 2007-12*.

“ Access to the right care and support at the appropriate time is important for people living with mental illness. ”

Mental health care for people who have a co-existing mental illness and **drug and alcohol problem** will be improved by providing:

- \$2.92 million to establish dual diagnosis coordinators to facilitate the provision of coordination between mental health and drug and alcohol services, and to provide training and skill development for mental health services
- statewide guidelines for mental health services to ensure routine screening of all consumers for drug and alcohol problems and the provision of brief therapeutic interventions.

Initiatives are being progressed by Queensland Health, the Department of Justice and Attorney-General, and the Mental Health Review Tribunal to improve management of **people with mental illness who commit serious offences** and to increase support for victims of violent offences committed by people who are found of unsound mind or unfit for trial under the *Mental Health Act 2000*.

Initiatives include:

- \$0.8 million to improve community and stakeholder understanding of the forensic mental health system as part of the recommendations from the Review of the *Mental Health Act 2000* by developing mental health literacy materials, culturally targeted resources and a media professionals' package.
- \$29.18 million to enhance clinical services for adult forensic mental health consumers and to improve risk management practices. Funding will:
 - establish 35 additional positions
 - improve specialist and district based forensic services and increase the number of Indigenous mental health workers
 - provide risk management training and monitor and report on compliance with forensic mental health policy and legislation.

- \$10.24 million to establish a statewide Victim Support Service and a Victim Information Register.
- \$13.34 million to improve the forensic legal processes related to the Mental Health Court and the Mental Health Review Tribunal.

There will be ongoing liaison with Queensland Corrective Services in relation to victims of serving sentence prisoners. The benefits of Queensland Health providing ongoing support, liaison and service provision to offenders with mental illness is acknowledged. This cross departmental relationship is essential to the continued health and wellbeing of offenders accessing health care within any Queensland Corrective Services centre.

The Queensland Government will improve the provision of mental health services to people who have **complex mental health** needs by providing:

- \$0.97 million to employ additional positions to boost the capacity to coordinate services for people with complex needs related to intellectual disability and mental illness
- \$2.71 million to establish positions to build capacity to provide assessment and treatment for people with eating disorders in the community
- \$1.12 million to establish positions to enhance the capacity to provide assessment and treatment for people with mental illness and a visual or hearing impairment
- additional funds to Disability Services Queensland to employ clinicians to provide services for people with an intellectual disability and mental illness, as part of the response to the recommendations of the Hon. W.J. Carter's review and resulting report *Challenging Behaviour and Disability: A Targeted Response*.



Outcomes by 2011

These initiatives will enhance service delivery and expand the range of services provided to meet the needs of a growing population. By 2011, the Queensland Government will have delivered the following outcomes:

- Improved consumer and carer representation at all levels of mental health activity and decision making.
- Implemented a coordinated framework for the delivery of primary, private and public mental health services.
- Expanded community public mental health services with the employment of additional clinical staff across child and youth, adult and older person services in the community. By 2011 the number of clinical staff employed in community public mental health services is expected to increase by 21%. This increase will mean that there will be 48 full time staff per 100,000 of the total population. This represents an estimated progress of up to 68% towards achievement of a ten year target rate of 70 full time equivalent staff per 100,000 population.
- Expanded access and capacity to deliver specialist mental health care services for people within special populations or with complex needs.
- Expanded and improved the infrastructure of hospital and community based inpatient services towards a ten year target of 40 beds per 100,000 total population for acute and extended inpatient services.

Outcomes by 2017

By 2017, the Queensland Government will have:

Public mental health services

- increased effective consumer, family and carer participation in public mental health services
- provided effective consumer and carer advisory systems
- facilitated cross-sector care for consumers, families and carers
- established a consistent model of service provision for the delivery of mental health services
- expanded the capacity of community mental health services
- provided sufficient mental health inpatient beds that reflect contemporary standards and population needs
- improved access and entry to mental health care for consumers, families and carers
- improved capacity to provide comprehensive mental health care to children and young people aged 15-25
- improved capacity to respond to mental health needs of older persons
- improved capacity to provide mental health services to people in rural and remote areas
- improved capacity to respond to the mental health needs of Aboriginal and Torres Strait Islander people
- increased capacity to deliver Forensic Mental Health Services
- provided effective models of mental health service delivery to people with a mental illness and drug and alcohol problems (dual diagnosis)
- provided culturally appropriate responsive services to people from culturally and linguistically diverse backgrounds
- strengthened delivery of consultation-liaison services across Queensland
- provided a continuum of care for people with eating disorders



- strengthened local capacity to provide specialist mental health care to people who are deaf and/or blind
- strengthened local capacity to provide specialist mental health care to people with intellectual disability
- strengthened local capacity to provide specialist mental health care to people with acquired brain injury
- strengthened local capacity to provide specialist mental health care to people with severe mood disorders
- expanded capacity to respond to people with mental illness who are homeless.

Primary Care

- developed planning and leadership for cross-sector primary mental health care
- strengthened partnership processes between primary, private, public and non-government providers of mental health care.

Private Sector Mental Health Care

- engaged private, primary and community sectors in local-level planning with public mental health services
- established greater collaboration between private psychiatrists, primary care services and public mental health services.

“The Plan focuses on fostering partnerships and improving linkages between services provided within and across the primary health, public and private specialist mental health sectors.”

PRIORITY 3

Participation in the community

Build capacity to assist and support people with mental illness to live full and meaningful lives in the community

Key actions

- Increase access to non-clinical recovery-focused services delivered through the non-government sector
- Expand access to supported housing and accommodation services for people with mental illness
- Increase capacity of Government agencies to support recovery of people with mental illness across a range of services

People living with mental illness require a range of services to strengthen their community engagement and improve quality of life. Stable housing, income support, education and employment are all vital for recovery, and require access to a range of government and non-government services.

The non-government and community sectors have a key role in providing non-clinical, personal care and other flexible supports to people living with mental illness, families and carers. Close partnerships will be required between Queensland Health, Disability Services Queensland and other government agencies, to ensure availability of the range of services required by people with mental illness within the community.

Actions for 2007-11

An additional \$98.09 million will be provided over four years to develop and implement programs that will increase access to community based services. These include:

Accommodation and personal support

The Queensland Government will expand the continuum of supported housing and accommodation available to people with mental illness in the community. Disability Services Queensland will purchase non-government sector services to provide non-clinical personal support and accommodation to

mental health consumers and their families. Initiatives include:

- \$35.64 million to purchase a range of accommodation and personal support services, including:
 - new residential recovery places to provide ongoing assessment, treatment and rehabilitation with the goal of assisting people to live successfully in the community
 - additional personal support packages to provide non-clinical support to people with varying levels of psychiatric disability living in the community in hostels, boarding houses, or in their own homes.
 - Additional places for consumer operated crisis and respite services to provide short-term accommodation, up to a maximum of three months, for those in need of respite, or emergency and crisis support.
 - Non-clinical personal support for people with a mental illness transitioning from corrective facilities to accommodation in the community.
- The Department of Housing, Disability Services Queensland and Queensland Health will expand the Housing and Support Program:
 - \$40 million to provide additional housing places for people with a severe mental illness who have moderate to high support needs. Eligibility criteria will require the person to be homeless or in acute



or extended treatment facilities, eligible for social housing and unable to maintain current housing arrangements without adequate support.

- \$22.45 million to provide non-clinical personal support to people with a severe mental illness who have moderate to high support needs and are living in social housing. Personal support services may include assistance with activities of daily living and practical support to access programs and services, which help to maintain optimal mental health functioning and promote recovery.

Vocational rehabilitation

The Queensland Government will support the implementation of initiatives to improve the engagement of people with a mental illness in vocational rehabilitation and employment, including:

- developing, implementing and evaluating a model of vocational rehabilitation which collocates an employment specialist within a mental health service
- establishing initiatives to foster the increased involvement of people with a mental illness in training, educational and employment readiness opportunities
- collaborating with non-government sector organisations to develop and provide a range of consumer-run vocational rehabilitation programs.

“ People living with mental illness need a range of services to strengthen their community engagement and improve quality of life. ”

Interagency coordination

The Queensland Government will support cross-sector collaboration to:

- develop and implement a strategic plan for the mental health non-government sector in Queensland, which enhances workforce capacity and infrastructure, service quality and review, and research, evaluation and outcome reporting
- develop and implement local cross-agency operational protocols and guidelines; local partnership agreements; and cross-agency education and professional development initiatives
- continue to implement and develop the Mental Health Intervention Program to improve collaborative responses between the Queensland Police Service, Emergency Services and public mental health services.

Outcomes by 2011

Investment of funds will improve the range of care and support for consumers living in the community. By 2011, the Queensland Government will have delivered the following outcomes:

- provided and maintained an expanded range of non-clinical personal support and accommodation aimed at assisting people with a mental illness to live a meaningful life in the community
- improved inter-sectoral collaboration in the delivery of programs to assist people with a mental illness to live and participate in the community.

Outcomes by 2017

By 2017, the Queensland Government will have:

- strengthened the capacity of non-government organisations to deliver a range of quality mental health services that promote recovery
- expanded the range of community-based supported housing and accommodation options for people with mental illness
- expanded non-government sector services for consumers, carers and families
- strengthened non-government capacity and government services in the criminal justice system
- increased vocational rehabilitation for people with mental illness
- improved access to education, training and employment opportunities for people with mental illness
- increased understanding of mental illness in non-government and government employees
- expanded mental health initiatives for police, mental health and emergency services.
- expanded cross-government capacity to provide a coordinated statewide mental health and psychosocial disaster response and enhanced participation in the community recovery response.
- improved the capacity of the non-government sector to deliver a range of mental health services in the community, towards a ten year target rate of:
 - 15 places per 100,000 population for residential recovery programs
 - 35 places per 100,000 population for supported social housing
 - 35 packages per 100,000 population for support to people with a mental illness living in hostels and private homes
 - 3 places per 100,000 population for crisis and respite services.

“ *The Queensland Government will expand the continuum of supported housing and accommodation available to people with mental illness in the community.* ”



PRIORITY 4

Coordinating care

Facilitate the linkage of a range of services to provide an integrated system of care to consumers, families and carers

Key actions

- Strengthen partnerships and collaborative initiatives between Government agencies to address mental health service priorities
- Establish Service Integration Coordinators to improve service integration across government and non-government providers
- Implement processes at the local level to support collaborative, coordinated care across government and non-government agencies and improve outcomes for people with mental illness and complex care needs

Commitment to coordinated care for people with mental illness and complex needs is a priority. The various elements of service provided to people with mental illness by organisations and services across sectors need to be integrated to ensure the best outcomes are achieved. A collaborative approach will minimise the risk of people of all ages including youth, falling through gaps in the service system and allow the various services to work together as inter-related parts of a single system of care.

Actions for 2007-11

\$4.77 million in funds will be provided over four years to strengthen the capacity to coordinate care for consumers with complex needs living in the community. This funding will support the establishment of Service Integration Coordinator positions across Queensland.

Service Integration Coordinator positions will be responsible for:

- improving care planning, communication and continuity across agencies
- overseeing processes for linking core service needs
- ensuring efficient utilisation of resources.

Queensland government agencies will work in partnership to develop coordinated responses to disasters to minimise psychological impact and facilitate community recovery, including increasing the availability of training and professional staff development.

In addition an Interagency Action Plan for an integrated human services framework to better respond to the needs of people with mental illness, their families and carers will be developed. Initially this plan will focus on people who are at risk of, or are experiencing social exclusion.

Outcomes by 2011

Investment of funds to support these initiatives will improve the coordination of care and support for consumers living in the community. By 2011, the Queensland Government will have delivered the following outcomes:

- improved capacity for people with a severe mental illness to successfully live in the community
- improved access to a range of support services and care for people with a severe mental illness in the community
- improved capacity for effective inter-sectoral collaboration to assist people with mental illness to access appropriate support and care in the community



- reduced the number of people with severe and persistent mental illness and psychiatric disability who currently fall through the gaps in service provision
- improved the degree to which people with a mental illness are socially included and able to participate in the community.

Outcomes by 2017

By 2017, the Queensland Government will have:

- established governance of mental health across sectors, and other levels of government
- strengthened capacity for cross-sector collaboration between providers of mental health care at the local level.

“ The various elements of service provided to people with mental illness by organisations and services across sectors needs to be integrated. ”

PRIORITY 5

Workforce, information, quality and safety

Enhance and strengthen the capacity of services to provide high quality, safe and evidence-based mental health care

Key actions

- Increase availability of a skilled mental health workforce
- Improve access to mental health service information, including information on consumer perceptions of care, to inform service evaluation and planning
- Improve delivery of safe, high quality care through effective quality improvement processes
- Increase access to evidence from research to inform mental health service delivery and development

The capacity to provide high quality services is essential to the delivery of a contemporary mental health care system, and relies on the use of evidence-based care to produce measurable improvements for consumers, carers and families. The quality agenda focuses on workforce development, information management, quality and safety initiatives, and research development. These are essential to the delivery of high quality care into the future.

Actions for 2007-11

An additional \$70.82 million will be provided over four years to expand and develop the mental health workforce to ensure the provision of high quality, safe public mental health services, and to continue developing mental health research and information management capacity. This funding includes \$43 million from the Queensland Government to replace Commonwealth funded projects expiring in 2007-08.

Workforce development

The Queensland Government will implement initiatives focused on developing workforce capacity to deliver mental health programs. This includes:

- \$2.41 million to develop and implement a range of strategies to recruit mental health staff. These include undergraduate marketing initiatives, targeted scholarships and incentives for people to enter the mental health workforce.
- \$3.06 million to provide a range of ongoing support to assist with retaining mental health staff. This includes orientation programs and supervision models for allied health and nursing.
- \$0.69 million to improve workplace culture and leadership, including programs to provide support to professional supervisors and team leaders.
- \$0.67 million to provide staff training and education through the Queensland Centre for Mental Health Learning including implementation of recovery training for mental health staff.
- \$0.46 million to provide support to develop the non-government sector workforce.
- Additional positions in the Queensland Centre for Mental Health Learning to improve risk assessment and management skills as part of the implementation of the recommendations from the Review of the *Mental Health Act 2000*.



- Enhancing the statewide role of the Queensland Centre for Mental Health Learning in the provision of mental health training initiatives for staff, consumers, family, and carers across public, private and community sectors.
- Developing a Workforce Development and Innovation Plan, which is consistent with the *National Practice Standards for the Mental Health Workforce*, including:
 - development of Clinical Practice Guidelines
 - development of standardised multidisciplinary training and education curriculum and modules based on the *National Practice Standards for the Mental Health Workforce*, for delivery by specialist educational units.
- \$16.4 million to establish the Consumer Integrated Mental Health Application (CIMHA), which will enhance access to clinical and service information needed to support service delivery and evaluation
- \$2.16 million to more effectively utilise information in clinical practice, service planning and policy development
- \$1.2 million to establish and maintain a data reporting repository
- developing and implementing strategies to improve access to mental health information
- implementing routine reporting of key performance indicators to guide service improvement activities and facilitate performance monitoring
- building infrastructure to enable the linking of mental health data sets at the client and service levels to better inform planning, funding, evaluation and development of models of best practice
- developing a health planning model for mental health based on prevalence and service utilisation data.

Information management

The Queensland Government will support the further development of Queensland Health information management systems to support quality mental health service delivery and reform. This includes:

“ *The quality agenda focuses on workforce development, information management, quality and safety initiatives, and research development* ”

Quality and safety

The Queensland Government will continue to develop and improve quality and safety systems in collaboration with consumers, carers and families, government and non-government service providers. This work will include:

- the development and implementation of a comprehensive Quality and Safety Plan which is aligned to *National Standards for Mental Health Services* and is consistent with the *National Safety Priorities in Mental Health: the National Plan for Reducing Harm*
- establishment of a system of clinical audit that engages services in ongoing review and quality improvement
- finalisation of implementation of the key recommendations in:
 - *Achieving Balance: Report of the Queensland Review of Fatal Mental Health Sentinel Events (2005)*

- *Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000.*

Mental health research

The Queensland Government will continue to support mental health research and particularly, the application of research to clinical practice. This includes:

- \$0.77 million to develop a statewide framework for mental health research which supports the translation of evidence and innovation into improved day-to-day services for consumers, their families and carers
- collaborating with appropriate research bodies
- exploring increased funding for scholarships that promote the translation of evidence into practice.



Outcomes by 2011

Investment of funds to support workforce development and the provision of quality and safe mental health services will improve services for consumers, carers and their families. By 2011, the Queensland Government will have delivered the following outcomes:

- developed sustainable mechanisms to recruit and retain an adequate mental health workforce
- improved workforce development and support to ensure ongoing capability of mental health staff to deliver services
- developed and maintained effective leadership support for professional supervisors and operational leaders
- improved the use of information by clinicians and organisations in day-to-day clinical practice and service improvement initiatives
- developed and maintained the appropriate technology, infrastructure and resources to support mental health information management

- implemented and maintained effective quality and safety systems to ensure proactive identification of safety risks
- developed strategic links between the mental health workforce in public mental health services and the non-government sector workforce.

Outcomes by 2017

By 2017, the Queensland Government will have:

Workforce development

- developed and implemented a range of innovative recruitment and retention strategies for public mental health services
- developed and implemented new roles and new ways of using the skills and expertise of the mental health workforce
- engaged key stakeholders in mental health workforce planning and development.





Information management

- provided relevant and timely information to consumers, carers, mental health service providers and the community
- provided appropriate information and support to inform quality mental health service delivery and reform
- provided the technology, infrastructure, and resources that meet Queensland's mental health information needs
- established a quality and safety governance structure for mental health care across Queensland
- enhanced safety and minimised harm to consumers, the mental health workforce and the broader community
- engaged mental health stakeholders in quality and safety systems.

Research

- established statewide mechanisms to ensure that all key stakeholders contribute to, and benefit from mental health research.

7. Conclusion

The *Queensland Plan for Mental Health 2007-2017* sets a broad agenda to guide the reform and development of mental health services across the State, providing strategic and operational direction to mental health services. The Plan informs development, delivery and investment in mental health services.

It outlines a staged approach to reform and looks to the future as Queensland progresses towards a genuinely collaborative and supportive mental health system. Progressive implementation of the Plan will see Queensland establish a broader base for mental health intervention, while simultaneously moving towards a stronger focus on promotion and prevention, as well as establishing a consumer-driven, recovery-focused service delivery system.

Implementation of the *Queensland Plan for Mental Health 2007-2017* will be overseen by the Mental Health Interdepartmental Committee. The Director of Mental Health will be responsible for coordinating regular reporting that will be detailed in Queensland Health's Agency Service Delivery Statement, the annual Queensland Health Performance Report and a report to Cabinet.

An evaluation framework is being developed that considers progress towards identified goals and objectives at multiple levels:

- at the individual level in regard to the outcomes for consumers and carers, and the delivery and achievements of specific programs
- at the organisational and resource management level
- at the state level in regard to systems development, coordination and collaborative achievements
- within the National COAG evaluation framework.

This Plan will remain current for ten years. It will be reviewed and updated every two years. The benefits and outcomes of initial reforms will assist in shaping further mental health improvements in Queensland throughout this period.

“ *The Queensland Plan for Mental Health 2007-2017 sets a broad agenda to guide the reform and development of mental health services across the State.* ”



Feedback and contact details

We welcome your feedback on the *Queensland Plan for Mental Health 2007–2017*.

Please send feedback to mhb@health.qld.gov.au

or you can contact:

The Director
Mental Health Branch
Queensland Health
GPO Box 48
Brisbane Q 4001

Further copies of the *Queensland Plan for Mental Health 2007–2017* are available:

- electronically, on the Queensland Health internet site at www.health.qld.gov.au/mentalhealth
- printed copies available by telephoning 1800 989 451.



Blueprint for better healthcare in Queensland

February 2013

Blueprint for better healthcare in Queensland

Published by the State of Queensland (Queensland Health), February, 2013

ISBN 978-1-921707-97-1



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www.health.qld.gov.au/blueprint

Photos: Ray Cash, Michael Marston

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Blueprint for better healthcare in Queensland

Premier's message

A statewide healthcare system with new capacity, co-operation, transparent reporting systems, financial accountability and with patients the focus of attention—this is a vision all Queenslanders want to see.

From its first day, this government has worked long and hard to make lasting health improvements a reality for Queensland families.

Queensland is a great state with great opportunity. This *Blueprint for better healthcare in Queensland* is the action-plan that will move the Queensland healthcare system from the first phase of repair to lasting recovery. It will transform a struggling healthcare system that fell too far behind into a model for productivity, care and efficiency to meet and surpass national benchmarks.

The blueprint includes a long list of changes that will be instantly recognised by patients, local communities, doctors, nurses and healthcare workers. This is a system no longer constrained by historical limits to patterns of service delivery.

In all cases, the new system will work to provide Queensland communities improved access to services. Challenges, such as limited access to staff and resources in remote areas, will be addressed under the blueprint with new options and alternative solutions.

In remote communities, this government will work to provide 24-hour access to safe and sustainable care through a revised network of Telehealth facilities for the very first time.

This is a 21st century solution to a problem long-regarded as impossible. Our plan will provide reliable health services in places where they were never previously available.

Hospital in the Home, the practice of providing home-based care at hospital standards, is another priority, as is the creation of an independent Mental Health Commission for Queensland.

Across the state, Hospital and Health Services will switch their attention from measuring inputs to reporting patient outcomes. For the first time, their performance—at improving emergency department and surgery waiting times, for example—will be pro-actively published regularly in local newspapers.

This is the open and accountable health system that will rebuild the confidence of every Queenslanders.

The government is working hard for Queenslanders. In less than 12 months we have seen up to 15 per cent improvement in key performance indicators for our major hospitals.

By providing the best services, at the best time and in the best place, we can do even better.



Campbell Newman
Premier of Queensland



Minister's foreword

A healthcare system for generations to come

Queensland is a great state with a good healthcare system, but there are many opportunities for better performance. The *Blueprint for better healthcare in Queensland* sets the scene for structural and cultural improvements in a health system we will all be proud of.

In the past, this state was the national pace-setter in healthcare. Long before free hospitals appeared on the national agenda, they were a basic entitlement of Queenslanders.

Twelve months ago the Independent Hospital Pricing Authority ranked Queensland second-last among mainland states when it came to the efficient provision of healthcare services.

This is the big task of repair we began in 2012. Having a new State Government and better management is just part of the answer. Better modes of delivery and a more intelligent use of resources are key strategies to expand services and improve performance. Already the key performance indicators are turning around.

Another determining factor is culture. Good workplace culture and leadership in our hospitals and health services is essential. It frames the recommendations adopted by the government to address ambulance ramping and forms the basis for our programs of clinical redesign.

Good culture places a high value on scarce health resources, values our fellow employees and puts patients first.

Queenslanders expect high-quality healthcare whenever it is needed. An accurate understanding of the performance of the health system should be common knowledge. These expectations require continuous improvements in service delivery, no matter where people live.

The *Blueprint for better healthcare in Queensland* has four principal themes:

1. Health services focused on patients and people.
2. Empowering the community and our health workforce.
3. Providing Queenslanders with value in health services.
4. Investing, innovating and planning for the future.

Getting value from every health dollar, encouraging collaboration and providing for future needs through investment, innovation and planning will return Queensland's healthcare system to lead the nation.

Lawrence Springborg
Minister for Health

Leading up to the blueprint— the 2012 timeline



- New government elected.
- Premier appoints Lawrence Springborg MP as Minister for Health.

- Hospital and Health Board Chairs announced.
- Moratorium on payroll lifted.
- Establishment of HIV/AIDS Ministerial Advisory Committee.
- Queensland public health sector employees get three per cent pay increase.

- Nurses and midwives vote in favour of new pay agreement.
- Sunshine Coast University Hospital contract awarded.
- Parliament calls for release of former government's Cabinet payroll documents.
- Chesterman report on public interest disclosure completed and tabled in Parliament.

March

April

May

June

July

August

- Three per cent pay increase offered for the state's nurses and midwives.

- *Hospital and Health Boards Act 2011* passes State Parliament.
- New corporate structure for health department announced with significant reduction in bureaucracy.
- First round of health grant reforms announced.
- Statewide Rural and Remote Clinical Network established.
- KPMG report on the payroll system tabled in Parliament.
- Flying Obstetric and Gynaecology Service expanded.

- *Infrastructure Renewal Planning Project for Rural and Remote Areas Report* published.
- New HIV awareness campaign commenced.
- New emergency access report recommendations signal end of ambulance bypass in 2013.



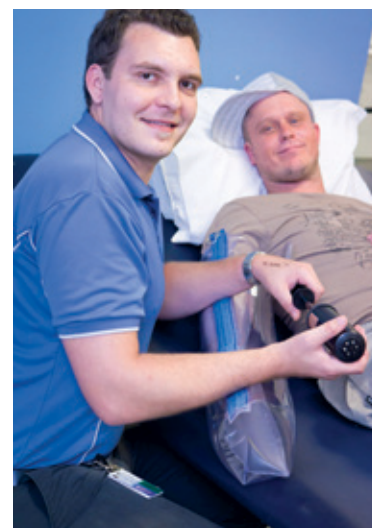
**SAFE
SEX**





- State Budget allocates record \$11.8 billion to Queensland Health.
- Extra \$814 million creates a 7.4 per cent increase to health budget over the year before.
- \$11.9 million earmarked from fake Tahitian prince to be returned into the health budget for the healthcare of Queenslanders.
- Doubling of the Patient Travel Subsidy Scheme announced.

- 'Mums and Bubs' policy announced.
- Australian Government health funding cuts announced (\$103 million over six months).
- Health payroll overpayment levels halve.
- Mental Health reforms introduced into Parliament to create the state's first Mental Health Commission.
- Medical Officers Certified Agreement by the Queensland Industrial Relations Commission.
- Dental wait lists published for the first time.
- Specialist outpatient waiting lists published for the first time.



September

November

October

December



- Former government's Cabinet payroll documents released to Parliament.
- Pay date change occurs.
- BreastScreen services enhanced.

- Auditor-General announces investigation of private practice arrangements.
- Commission of Inquiry into health payroll issues announced.



Blueprint for better healthcare in Queensland

The agenda for change

The old: Features of Queensland's former health system	The new: Features of a world-class, healthcare system for Queenslanders
Central control of the public health system.	Health boards and local people involved in making local decisions in the best interests of the community.
Large corporate office and bureaucracy.	Corporate office reduced by more than 40 per cent with resources redirected to frontline service delivery.
An industrial relations maze with complex award structures, including 24 000 pay variations to public sector health employees.	Streamlined awards and simplified entitlements.
Employees underpaid, overpaid and not paid at all.	Valuing employees by eliminating underpayments and awarding pay increases of: <ul style="list-style-type: none"> nurses and midwives (3 per cent) medical officers/visiting medical officers (2.5 per cent) public health employees (3 per cent).
\$1.25 billion payroll debacle.	Payroll repair initiatives implemented: <ul style="list-style-type: none"> end of moratorium on overpayments employee pay date changed historic claims for pay and entitlements limited to three months only Commission of Inquiry established.
Health grants and other systems open to exploitation and fraud.	Grants system overhauled by former Auditor-General. Service agreements replace most grants. Duplication eliminated. Outcomes linked to Hospital and Health Board goals.
Hidden waiting lists including dental waiting lists.	Performance data published online including: <ul style="list-style-type: none"> outpatient waiting times detailed dental lists hospital performance trends compared over 15 months.
Comparative service performance data lacking.	Twenty-four additional hospitals to report online by end of 2013—the first five in early 2013.
Lack of key performance indicators on local Hospital and Health Services (HHSs).	Quarterly publication in local newspapers of key performance data such as waiting times and emergency departments.
Staff morale undermined by moribund bureaucracy and payroll failures.	Healthcare staff empowered to lead system reform and improve service delivery.
Constant blowouts in annual Queensland Health budgets. Lack of financial control.	Queensland Health back within budget as part of new disciplined financial oversight.

The old: Features of Queensland's former health system	The new: Features of a world-class, healthcare system for Queenslanders
Unfunded budgetary costs of \$150 million on top of overspends in many health districts.	All Hospital and Health Boards granted state budget increases and required to balance their books.
Declining productivity and acceptance of underperforming Queensland Health business units.	Business units such as pathology services and laundry subject to test of contestability to maximise service outcomes.
Maintenance of rural and regional hospitals ignored and safety reports hidden.	Safety reports made public and \$52 million allocated in 2012–2013 to fund emergency maintenance in 12 regional hospitals.
Queensland ranked as second most inefficient provider of hospital services of mainland states.	New targets for cost of health delivery to equal and surpass national benchmarks.
Patient Travel Subsidy Scheme frozen, making access to specialists less affordable.	Patient Travel Subsidy Scheme doubled in 2013 to make it the most generous in Australia.
Lack of coordinated approach to delivery of mental health support and treatment.	Independent Mental Health Commission to be established in 2013.
Rural and remote communities condemned to declining services; lack of access to skilled clinicians.	Provide bush communities first-time access to new services via Telehealth as a mainstay of remote area healthcare.
'Ambulance bypass' allowed metropolitan hospitals to deny access to patients.	'Ambulance bypass' banned and recommendations to address ambulance ramping implemented in full.
Public health 'success' measured by the numbers of employees and beds in public hospitals.	Focus on total health capacity—greater numbers of health services in a system of public, private and not-for-profit health service providers.
Queensland Health 'closed door culture' to private sector investment in infrastructure and services.	A pro-active portal for private investment established through a new Ministerial Health Infrastructure Council and the creation of a Contestability Branch.
Limited sources of capital and infrastructure funding for public sector projects.	Access to a wide range of new capital sources creates flexibility to meet demands.
No incentive to improve performance.	Boards competing on key performance indicators. Savings redirected to boost local service.
Insufficient support for new mothers.	'Mums and Bubs' policy increases ante-natal resources from 2013 and a commitment to returning maternity services (commencing with Beaudesert).

Blueprint for better healthcare in Queensland

Challenges and fast facts

Challenges

- Queensland's population will increase by one-third to 6.1 million people between 2011 and 2026.
- 1.1 million of these people will be aged over 65—an 83 per cent increase on 2011.
- This growing population is living longer than previous generations and will need an increasing and wider range of services to meet its needs.
- Most of this growth will occur in Queensland's south-east corner.
- Queensland's population will remain Australia's most geographically dispersed and will require a service platform reaching all corners of the state.
- Queensland's increasing burden of preventable chronic disease, including diabetes and heart disease, is placing increased pressure on our health service.
- 15 per cent of Queensland's population account for about 60 per cent of healthcare costs.
- The historical tendency to declining workforce participation and productivity rates must be addressed to help grow our capacity to deliver better services.

Fast facts

- The Queensland Government will spend \$11.8 billion on health in 2012–2013.
- Two-thirds (67 per cent) of public health sector revenue for 2012–2013 will come from the state while 27 per cent will come from the Commonwealth.
- The public health sector in Queensland employs more than 80 000 staff across 182 hospitals and head office—this includes 8220 doctors and 32 684 nurses.
- Each day in the public health sector 1500 kids or teens are seen by dentists, 120 babies are born and 4500 emergency cases are treated and sent home.
- \$1.866 billion will be invested in 2012–2013 projects, such as the Gold Coast and Sunshine Coast University Hospitals and the Queensland Children's Hospital.
- Queensland has the shortest median waiting time for elective surgery in Australia.
- Of the 65 000 nurses and midwives employed in Queensland, 47 per cent (approximately 30 000) are employed by Queensland Health.



section one



Health services focused on patients and people

- Patients are at the centre of all we do.
- Our healthcare system provides the best services, at the best time and in the best place.
- Establish Queensland's first Mental Health Commission to coordinate our strategic focus in this key area.
- Collaboration and partnerships allow the healthcare system to be less complicated and more accessible for Queenslanders.
- Remote communities gain a wide range of new services, delivered at-call through a revised statewide Telehealth network.

“

I just want to get the best healthcare for my children, if they ever need it.



Confidence and trust in the Queensland healthcare system will be earned by providing the best services, at the best time and in the best place.

The new government has applied six key values to assess the suitability of all new health initiatives.

They are:

1. Better service for patients.
2. Better healthcare in the community.
3. Valuing our employees and empowering frontline staff.
4. Empowering local communities with a greater say over their hospital and local health services.
5. Value for money for taxpayers.
6. Openness.

Patients and people who use health services in Queensland must have access to safe, sustainable and responsive modes of delivery. New options will emerge for patients—in private or public hospitals, General Practitioner (GP) surgeries, remote communities and in the privacy of their own home.

Patients and people at the centre of all we do

Like all service organisations, health agencies perform best with a strong culture of customer service. In this state, health providers must place patients or people and their healthcare needs at the centre of all plans for healthcare, business practice and accountability.

Queensland and other state governments are signatories to the Australian Charter of Healthcare Rights, including rights of access, safety, respect, participation and privacy. The government supports the need for such a charter and believes common ideals should inform all Australians about their health entitlements.

Making patients and people the central consideration of health planning, practice and accountability means Queenslanders can have a healthcare system that encourages choice and self-management.

Importantly, Queensland health services will operate as an integrated system so that patients can move easily between services ranging from preventative and primary healthcare through to specialised sub-acute and acute care in hospitals and non-hospital settings.



Section one: Health services focused on patients and people

The true goals for better outcomes

By providing the best services, at the best time and in the best place, waste can be eliminated and cost savings redirected to provide even more services. Waiting times in emergency departments and for elective surgery and specialist diagnostic services will be reduced.

These are true goals for better outcomes in a health system where for too long accepted standards of performance were built on inputs, such as numbers of employees and capital investment.

As part of National Health Reform, more appropriate performance targets have been set for HHSs in Queensland and for their equivalents, Australia-wide.

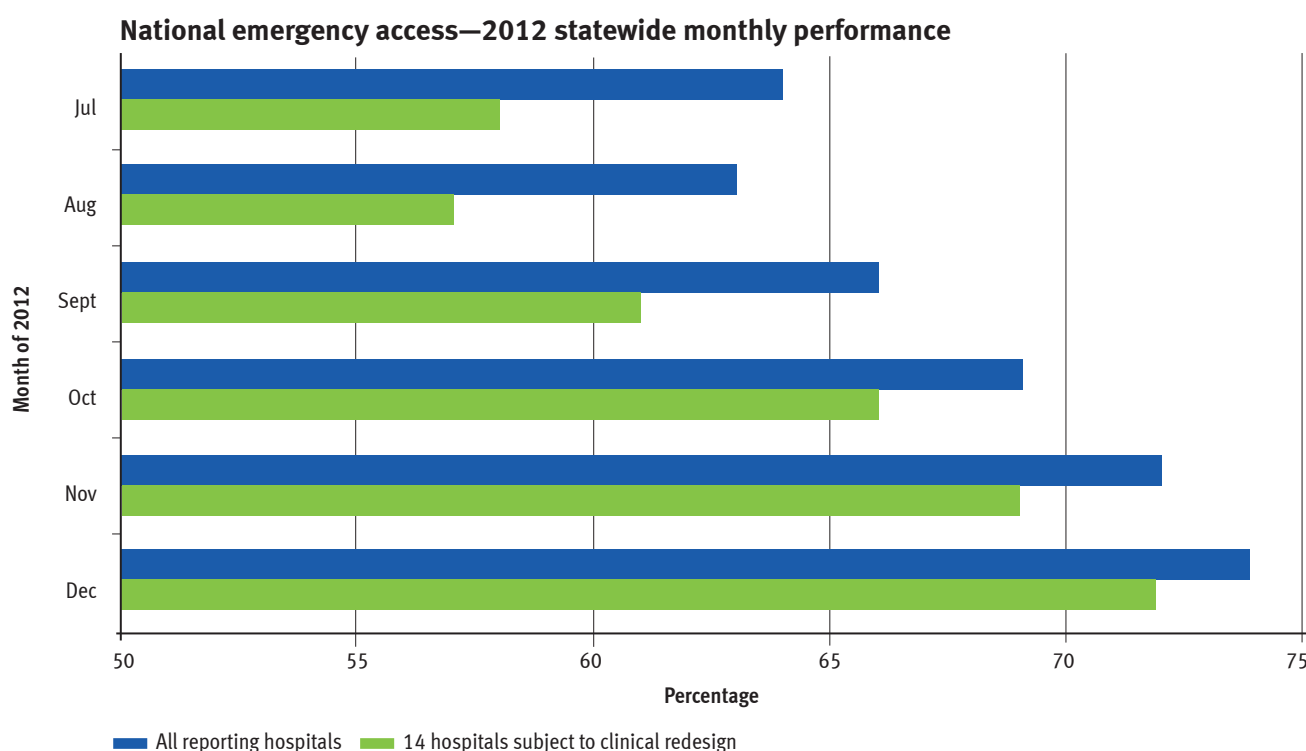
For example, the National Emergency Access Target (NEAT) is based on the proportion of patients who present to a public emergency department to be admitted, referred for treatment to another hospital

or discharged within four hours. The agreed target for 2012 was 70 per cent, rising to 90 per cent by 2015.

The higher the percentage, the better the performance. This is measured from the time the patient arrives at the emergency department to the time the patient has physically left, whether the patient is admitted to a bed in a ward, transferred to another hospital, or goes home.

Since August 2012, NEAT performance in Queensland has improved by 15 per cent across the 14 hospitals participating in the MacroNEAT Clinical Redesign Program.

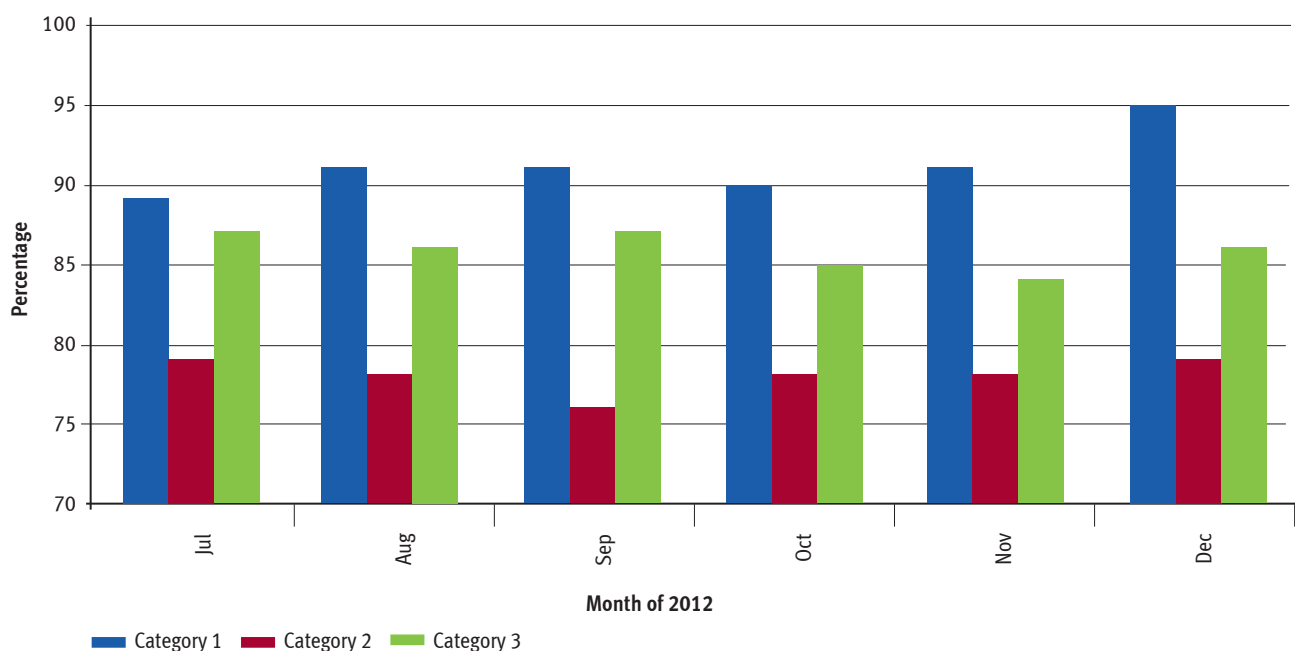
Across all reporting hospitals the percentage of patients treated or discharged within four hours increased to 74 per cent in December 2012 and January 2013. This is an increase from 64 per cent in February 2012.



In addition, the National Elective Surgery Target (NEST) requires an increase in the percentage of elective surgery patients seen within the clinically recommended time. NEST also requires a reduction in the number of 'long-wait' patients, leading to the goal of 100 per cent of elective surgery patients seen within the clinically recommended time, in 2015. The clinically recommended timeframe for Category 1 patients is 30 days, Category 2 is 90 days, and Category 3 is 365 days.

To complement positive results from our current efforts in the redesign of clinical services and emergency care, the government has committed \$74 million to 27 hospitals over four years to provide additional medical, nursing and allied health staff on weekends.

Monthly elective surgery performance per urgency category



In the field of elective surgery, private providers have been engaged to treat long-wait patients. An additional 8000 procedures will be provided over the next four years through public-private partnerships at a total cost of \$55 million (approximately 2000 procedures at \$13.75 million per annum).

During 2011–2012, over 3.4 million (new and review case) specialist outpatient occasions of service were provided to patients. As at March 2012, 232 043 patients were waiting for an initial specialist outpatient clinic appointment.

The government's commitment to cut time spent waiting for specialist services is backed with \$12 million to provide up to 40 000 extra public specialist outpatient services in 2012–2013.

Enabling all health professionals to discharge patients earlier, when their condition satisfies set criteria, will also promote patient flow, cut waiting times and eliminate delays that frustrate patients and their carers. This process is referred to as 'criteria-led discharge'.

Section one: Health services focused on patients and people

Better care for Queensland kids

The Queensland Government believes in giving children the best possible start in life and in giving parents maximum access to health services and advice on the care and wellbeing of their children.

In 2013, the 'Mums and Bubs' policy began to increase the number of home visits to new-borns and their mothers. Centralised control of children's health services was replaced by a standalone Children's Health Services Board.

This board is a key contributor to the delivery of paediatric services and planning and has a significant role in working through the completion and commissioning of the Queensland Children's Hospital. This is a project more than 60 per cent complete that will bring together a range of different viewpoints, concerns and workplace cultures.

The government and Queensland Health will closely monitor the final stages of this venture to support the board and maximise the effectiveness of the new paediatric service strategy it entails.

To ensure the needs of all Queensland children are fully considered and accommodated in decision-making, service provision and funding allocations, the Children's Health Services Board will be gradually reconfigured over the next 12 months to include representatives from across the state.

Patient voice

Without a clear community perception that our system embodies high ethical standards and that it provides for a robust complaints process, overall public confidence in healthcare will be undermined.

The government will do all it can to make sure patients have a voice in the health system—so they can readily give a compliment or make a complaint.

The department's Ethical Standards Unit receives and responds to complaints and disclosures about official misconduct of department staff. Officers in each HHS are dedicated to these same responsibilities at the local level.

The 2012 Crime and Misconduct Commission (CMC)—Richard Chesterman QC Inquiry, which probed allegations of medical malpractice in the Queensland health system, considered changes to structures that oversee health complaints and enforce standards in health facilities.

In line with its recommendations, the health complaints system will be redesigned. Legislation will be introduced to improve the response to allegations of medical malpractice.



It's important to have a good partnership between Indigenous communities and Queensland Health. Health workers need to understand and respect our unique cultural differences. Indigenous people don't need to be scared of getting check-ups.



Achieving health outcomes

Queensland's healthcare system is built on the professional expertise of the medical workforce, but the true source of a healthy and productive Queensland population lies in our communities. Ultimately, people are responsible for managing their own health.

For example, BreastScreen Queensland is one of a number of health initiatives to benefit from the forecast return of \$11.9 million in funds recovered from the assets of the so-called fake Tahitian prince. One million dollars from sales of forfeited assets will enable the number of screenings in 2012–2013 to be increased to 235 335. This will include 41 702 screenings in mobile breast screening vans.

The statewide participation target is to have 70 per cent of all women in the 50–69 age category, participate in the free breast screening program every two years.

It is the government's role to keep people informed about what they can do to live longer, healthier lives and prevent ill-health. Queenslanders will be encouraged to take responsibility for their own health through broad-based community messaging.

There is a need to re-align the day-to-day delivery of preventative health services at the local level. Experience over many years has demonstrated that these measures should be more closely aligned with the activities of community-based practitioners.

Increasingly, Medicare Locals will address this opportunity. Their involvement will improve outcomes. The Australian and State Governments will collaborate on disease prevention and mass media strategies. They will support the complementary activity of HHSs, Medicare Locals, Local Government and non-government agencies.

Addressing health disparities

For too many Queenslanders, substantial health disparities have worsened over many years. In this blueprint we renew our commitment to address the full range of current policy problems, including issues pushed aside during recent difficulties, will be renewed.

Queensland's first independent Mental Health Commission will be established. In line with community expectations, the commission will work



towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drugs system of support and treatment.

A key focus of the commission's approach will be to build partnerships to support patients and families including those from rural, regional, remote and Aboriginal and Torres Strait Islander communities. Often overlooked, these Queenslanders will have their say about the way mental health services are delivered.

Aboriginal and Torres Strait Islander people have the strong support of this government. Activity to improve health outcomes in Aboriginal and Torres Strait Islander communities will be directed on the ground by local people supported by their HHS. Collaboration between government and non-government agencies will support health enterprises designed and operated by Aboriginal and Torres Strait Islander people themselves.

Indigenous-owned and run business ventures will be afforded new opportunities to develop high standard healthcare services.

These organisations will be pivotal in achieving better health outcomes and financial sustainability for future generations of Aboriginal and Torres Strait Islander people.

As the population ages and life expectancy increases, demand for palliative care services is higher. The government is committed to looking at opportunities to improve collaboration between chronic, disability and other healthcare services.

Section one: Health services focused on patients and people

Work to deliver another government priority is currently under way in the Parliament of Queensland. The government will respond to the current 'Inquiry into Palliative Care Services and Home and Community Care Services' when the parliamentary committee tables its report (due 28 February).

Regional, rural and remote health

Queensland's well-developed regional network of cities and towns has a comprehensive range of government services, including hospital and health facilities offering the very latest in clinical support and medical technology. Over the years, many innovations have been pioneered to address the comparative difficulties faced by patients from rural or remote areas.

From January 2013, the Patient Travel Subsidy Scheme has been improved. Mileage and accommodation subsidies have been doubled to provide Australia's most generous system of support for patients travelling to seek specialised medical treatment.

The Minister for Health has established the Rural and Remote Statewide Clinical Network to guide the government in the development of sustainable levels of service in rural and remote settings. The work of the Flying Obstetrics and Gynaecology Service has been enhanced, with a view to expanding its activity across Queensland.

A new paediatric intensive care unit at the Townsville Hospital opened mid-2012. This unit treats children that would otherwise be sent to Brisbane and enables patients' families to stay closer to home.

Over the years, initiatives such as remote area health clinics, flying doctor bases and emergency helicopter networks have all contributed to better health outcomes in the bush, but under this blueprint, much more will be done.

An innovative plan for new bush services

Working together, the department and HHSs will provide unprecedented access to a new generation of safe and sustainable care for residents in small, rural or remote communities for the very first time.

The Rural Telehealth Service will be introduced as the mainstay of health delivery in these locations. Instead of being used primarily to back-up services at places like Mount Isa, Rockhampton and Maryborough, Telehealth will deliver new services and advanced treatment options in places where they were never previously available.

Telehealth activity in Queensland has more than doubled in two years. In 2011–2012, 13 635 occasions of service were reported. This remains a very small number compared to more than 3.4 million occasions of face-to-face outpatients' care at traditional public hospitals in the same period.

As part of this new initiative, the network of Telehealth facilities will be developed, expanded and co-ordinated to bring remote residents straight into the waiting room of the most advanced hospitals in this state.

Under the Rural Telehealth Service facilities in different communities will be standardised, upgraded or re-orientated to enable networking at-call. As the scope and scalability of the new facilities is developed, training and workplace arrangements will enable local emergency access for patients at-call, up to 24-hours-a-day. Six trial sites for the Rural Telehealth Service will be created in 2013.

To drive and refine this concept and to promote better, more adaptive local engagement, a governing body for remote Telehealth service delivery will be established, including representatives of the Rural Doctors Association and the Clinical Ministerial Advisory Council.

The government will extend the networking of health support across HHSs and provide access to integrated health services using a multi-purpose health services model.



Telehealth service in action

Rural Telehealth Service will rebuild small towns across Queensland

While most Queenslanders taken ill or struck by injury can expect an ambulance at their door, remote area residents anticipate long delays as a fact of life.

Changes in the health workforce have made it very difficult to sustain health needs in many small communities. They are under pressure and require new thinking to reverse the gradual erosion of basic services.

Today the government presents a vision for a statewide system that will change these long-accepted facts forever.

No longer isolated from advanced healthcare, residents of remote towns will eliminate their extended wait for treatment through a statewide Telehealth network. Linked directly to the best hospitals in Queensland, they will wait no longer for advanced medical diagnosis and treatment than a Brisbane resident might expect when arriving at the emergency department of a major hospital.

Telehealth services will be available at-call in places where even the most basic diagnostic and treatment infrastructure, such as at-call access to X-ray imagery, was never previously available.

Today, specialists use Telehealth to monitor Queensland patients in intensive care. Accident victims, awaiting evacuation to hospital by air, are stabilised and prepared for flight by Telehealth doctors at the Queensland Emergency Operations Centre in Kedron, Brisbane.

Telehealth trials at Hervey Bay and Mackay have diagnosed hearing problems in newborn babies. X-ray images, taken at remote locations, are interpreted by specialists thousands of kilometres away. These and many more treatment options are being prioritised for inclusion in the standardised network and the facilities that provide public access.

This is a big step forward in response to a problem long regarded as too hard to fix.

Linkages between remote sites and treating doctors will be supported by procedures and networking so that access for patients is protected.

These protocols will develop a Telehealth hospital for the people of remote Queensland. The impact on healthcare and the quality of life in remote communities will be dramatic.

This vision—for a rapid advancement in the standard of local healthcare—will come as an immense relief to the communities concerned. Access to Telehealth services will attract patients and strengthen local confidence.

Demand for services from local pharmacists and opportunities for GPs to provide support will be generated.

This is an opportunity for the government to create a new balance and certainty in the lives of many Queenslanders.



Charleville Hospital

section two



Empowering the community and our health workforce

- The control of local healthcare decisions belongs with local communities and healthcare professionals.
- Improved collaboration with non-government providers will maximise the value of health investment.
- Transparency promotes public confidence.
- Workforce flexibility supports local healthcare decision-making, improved patient access and quality service delivery.

I enjoy empowering women to be the best mothers they can be, for better and happier communities. I want to continue to build midwifery skills.



The Queensland Government has a strong commitment to empowering local communities and the healthcare workforce to make decisions about local healthcare needs.

Hospital and Health Services

The government established 17¹ statutory Hospital and Health Services (HHSs) in July 2012. Hospital and Health Boards are answerable to the Minister for Health and accountable to the local community.

Orientating health services to better meet local health needs is a priority for all HHSs. This requires significant change to many of the established cultures and practices that impact on performance and will take time to complete.

HHSs are no longer constrained by historical patterns of service delivery. Within the context of statewide planning objectives and local factors such as geographic location, workforce supply and access to infrastructure and equipment, they have flexibility to consult the community and determine the best mix of health service.

Under a devolved system of governance, the role of the State Government is to provide boards with the full range of legislative and regulatory tools that they need to accomplish their task.

Transparency and public reporting

The government will continue to be open and honest about waiting lists. Since March 2012, we have published for the first time:

- detailed dental wait lists
- historical performance data
- specialist outpatient waiting lists.

Today, the activity and performance of 33 of Queensland's larger hospitals is reported on the Queensland Health website (www.health.qld.gov.au). Fifteen months of rolling data is now published to enable Queenslanders to follow emerging trends.

These hospitals admit almost a million patients, provide more than 1.5 million emergency services and about 3.4 million outpatient services a year. They report their performance on key measures such as emergency department attendances, elective surgery operations, hospital admissions, specialist outpatients and oral health waiting times.

In the near future, the total number of hospitals reporting on the website will increase by five. At the end-of-the-year, another 19 will be added, providing the community with unparalleled insight across a wide range of our health facilities.

The first five new additions are:

- Beaudesert
- Capricorn Coast (formerly Yeppoon)
- Emerald
- Innisfail
- Kingaroy.

HHSs will communicate at the local level to account for their financial and workforce management and the reinvestment of resources to serve healthcare needs, research and training, and other priorities. They will respond to community needs in a sustainable way while improving health outcomes for Queenslanders.

In line with the key principles of this blueprint, the government will extend public access to uniform health reporting beyond the public healthcare sector. Private facilities provide significant capacity and deliver essential services to patients in Queensland. It is important that these hospitals and facilities are benchmarked against those in the public healthcare sector.

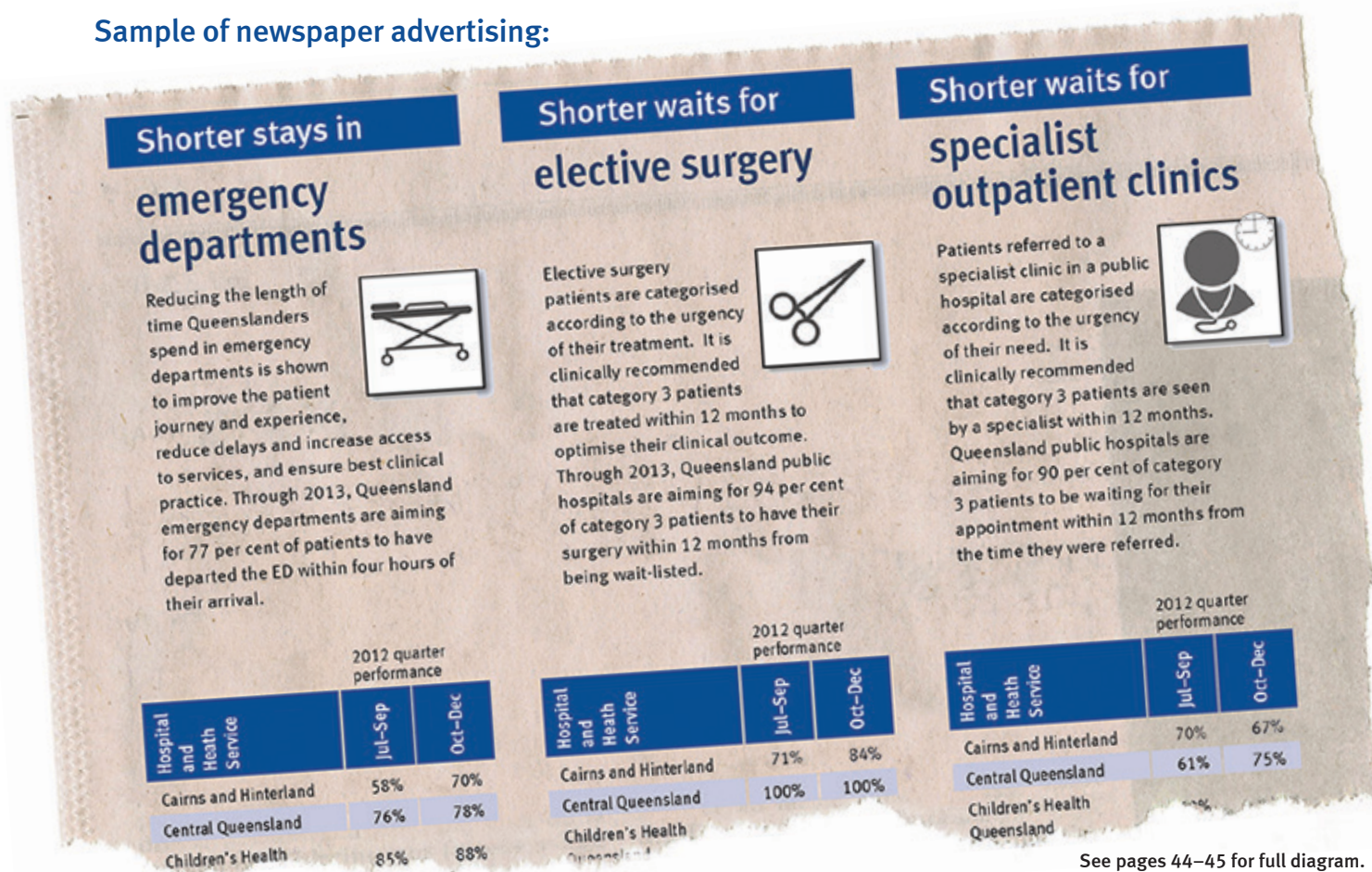
This benchmarking will not seek to add an administrative burden on private health enterprises. In the first instance, it will draw upon material already collected (such as hospital acquired infections data).

But as the range of partnerships and service contracts between public and private providers is extended, reporting requirements will be incorporated to provide increased transparency across all sectors.

¹An administrator holding the full powers of the board has been appointed to the Torres Strait-Northern Peninsula Hospital and Health Service (TS-NP HHS). A chair and board is yet to be appointed to serve the TS-NP HHS.

Section two: Empowering the community and our health workforce

Sample of newspaper advertising:



See pages 44–45 for full diagram.

Newspapers to publish quarterly data

In addition to the online reporting requirements that enable communities to compare the performance of HHSs across the state, the government will facilitate new arrangements to help inform local communities themselves.

Under this blueprint, HHSs will report key statistics in uniform tables to be published quarterly in a range of ways, including in local newspapers.

Boards will report their performance against six common statewide targets.

These are:

1. Shorter stays in emergency departments.
2. Shorter waits for elective surgery.
3. Shorter waits for specialist outpatient clinics.
4. Increased support for families with newborns.
5. Fewer hospital acquired infections.
6. Value for money.



Clinical engagement and leadership

Improving the engagement and leadership of clinicians at the local level is a key government strategy to advance hospital performance. Changes in the culture of the public healthcare sector are necessary to meet the state's health targets and maintain community confidence.

Across the scope of health practice, 18 key clinical advisory networks are overseen by a Clinical Senate to review current procedures and help inform Queensland Health's Director-General on strategic issues.

Recently, these processes and their links to policy-making were strengthened by the Minister for Health through the formation of a Clinical Ministerial Advisory Council.

Including all members of the Queensland Clinical Senate and representatives from Medicare Locals, primary healthcare and the private healthcare sector, the council advises the government on issues such as national health reform and efficiencies in healthcare delivery. It is chaired by Trauma Surgeon Dr Cliff Pollard.

Strong links between networks, local clinicians and HHSs will encourage the spread of innovative models of care and service delivery across the healthcare system. Networks include:

- Child and Youth Health
- Dementia
- Diabetes
- General Medicine
- Maternity and Neonatal
- Respiratory
- Stroke
- Renal
- Cardiac
- Intensive Care
- Older Person's Health
- Statewide Cancer
- Rural and Remote
- Trauma
- Anaesthesia and Perioperative Care
- Queensland Emergency Department Strategic Advisory Panel
- Surgical Advisory Committee
- Mental Health Alcohol and Other Drugs.

Fight the waste

The government's policies of transparency and local control and accountability are reinforced by these strengthened lines of communication. To provide even more direct feedback on practical issues relating to service delivery, a new intranet site will be hosted by Queensland Health.

Facts about waste and duplication and new ideas about what constitutes best practice in healthcare delivery will be able to be identified by staff and managers on the site, under the imprimatur of the Minister for Health (qheps.health.qld.gov.au/fightthewaste).

Ideas, constructive criticism and direct feedback that may be unknown to managers, as well as unions and other workplace representatives, will be collected to inform future debate about policy and systems efficiency.

Fight the waste

Name*:

Email*: @health.qld.gov.au

Location:

Facility:

Suggestion:

* optional

Section two: Empowering the community and our health workforce

Opportunities for choice

The government supports the rights of Queenslanders to choose preferred ways to meet their healthcare needs as close as possible to where they live.

It encourages local communities to support a diversity of providers. Already, in Queensland, 47 per cent of hospital separations, including discharges, are from private hospitals.

When the government purchases health services on behalf of the community, it looks for value in terms of quality, cost and access. It recognises that Queenslanders want to be able to choose preferred services in meeting their healthcare needs.

By providing greater diversity and competition in service delivery, employment options for healthcare workers will widen.

At the more personalised level, national and international reviews of initiatives to deliver hospital services in the home are generating increasing interest.

'Hospital in the Home' involves the provision of acute care at a patient's usual place of residence as a substitute for inpatient care at a hospital.



The Queensland Government is reprioritising plans to support patients in their homes, under the care of their treating clinician.

Indications of reduced costs and improved outcomes make this a priority area for Queensland Government planning.

Service delivery planning

Improving statewide planning for the longer term sustainability of the health system is a focus for Queensland Health. There will be new mechanisms for HHSs, the community, the private sector and the health workforce to inform and gain access to the planning process.

Individual HHSs are expected to work together in the interest of all Queenslanders. This is especially important when certain services are not available in the local community or where access to specialised services is limited to the larger urban centres.

Workforce strategies and training

To develop the health workforce over coming generations, the department will work with HHSs, the private and not-for-profit sectors and other levels of government on workforce planning.

Ongoing investment in workforce development strategies by HHSs will be augmented with the support of private sector providers. Through partnering and shared arrangements, the effectiveness of training, graduate employment and recruitment will be maximised into the future.

Strategies such as quarantining positions for graduates, as well as the provision of education and training and the clinical placement of students, will be pursued. Specific attention will be given to addressing the complexities of graduate employment in regional, rural and remote locations.

Today, very large recurrent costs are being diverted to sustain and gradually repair the problematic health payroll system. As these costs reduce over time, resources will be freed to be redirected into clinical services.



section three

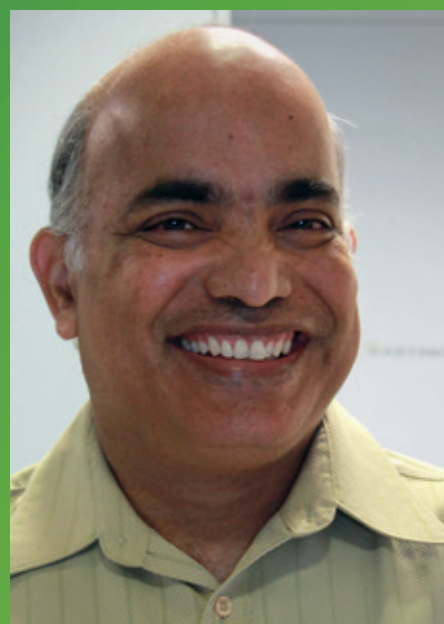


Providing Queenslanders with value in health services

- Queenslanders expect that money provided for healthcare is spent wisely.
- Public, private and not-for-profit partnerships will improve the healthcare system to meet the needs and choices of Queenslanders.
- Replacing a system concerned with inputs with one that values outcomes.
- Contestability and new measures for financial accountability will improve performance.
- Cutting waste.



*I enjoy working
with my team and
helping patients.*



Starting point

In March 2012, following a general election preceded by months of conjecture over the problematic and costly implementation of a new health payroll system, the new government redirected the central thrust of health policy across Queensland.

At that time, the Independent Hospital Pricing Authority measured waste in Australian health systems. Adjusted for remote and Indigenous factors, the authority's data indicated that Queensland health providers were up to 11 per cent less efficient than the national average.

That suggests significant practical improvement is possible across every aspect of the healthcare system.

Across the full spread of the \$11.8 billion Queensland Health budget, this assessment indicates that each year, inefficiencies and waste cost the Queensland healthcare system hundreds of millions of dollars. This is an unacceptable loss of medical capacity that requires urgent remedial action.

Continued double-digit growth in health expenditure is unsustainable. With a growing and ageing population, where chronic disease is prevalent, costs of care are escalating and consumer expectations rising, there is no choice but to change the way we do things in health.

Public funds will be prioritised to achieve the best possible health outcomes.

The department's head office will remain comparatively small in size. It will purchase health activity, mostly from HHSs, but increasingly from the private and not-for-profit sectors as well.

Measuring achievements

The government will be measured on its health achievements; how far it makes the health dollar go. It will be measured against the range and number of health services provided to Queenslanders rather than the number of people it employs, or beds it provides in a public hospital setting.

As the public healthcare sector nears the end of its difficult phase of repair and moves on to recovery, the government turns its attention to finding new sources of health investment and services. The government's health agencies are redesigned. Their orders, to find new synergies and partners, will generate new growth and diversity in health delivery.

A large part of the new range of health jobs that result will be in different locations with different providers. But growth in health capacity, including public sector health capacity, will far outstrip anything possible under the tightly-controlled public sector model of the past.

Across the healthcare system, the consequences will be mutually beneficial for trainees, qualified employees, patients, taxpayers, health-based businesses and the wider community.

Managing demand also means purchasing the right capacity. We will move away from complex and acute services, such as those delivered in hospitals, and provide balance by investing in sub-acute care and supporting preventative and intervention services. The hallmark of modern, effective healthcare systems is an unwavering focus on maximising health outcomes from available resources.

Queensland must improve to match and surpass the performance of the most efficient healthcare systems if we are to meet the service demands of Queensland communities for generations to come.

The government has set a goal to improve the performance of our healthcare system to match the national average by mid-2014.

Clinicians need to work to their full scope of practice. We will challenge the 'myths' of what is possible and be open to new ways of working and models of care. We need to break down traditional barriers between professions, build clinician leadership and promote a culture of respect for each other's knowledge and skills.



Section three: Providing Queenslanders with value in health services

Better coordination with primary healthcare

The government views its role in healthcare as the lynchpin in a range of partnerships, including overall responsibility for public healthcare funding shared with the Australian Government.

Under National Health Reform, Queensland Health will work to clarify the separation of roles between primary and secondary healthcare and simplify their interaction.

This means a commitment to closer working relationships between GPs and the hospital system. The Australian Institute of Health and Welfare estimates about 30 per cent of people in our hospital emergency departments are likely to be more suited to treatment in GP clinics. This figure must be reduced, even as emergency department performance improves and emergency department waiting times are reduced.

To improve patient flow by improving the coordination of outpatients' services, GP liaison officers (visiting medical officers) will be placed in the 20 largest public hospitals in the state. They will work with GPs and Medicare Locals to improve outpatient services. HHSs and Medicare Locals will work together to assess the value of this new approach.

Health partnerships

The government will focus not only on improving the performance of public sector hospitals and services, but also on strengthening and expanding the health system through health partnerships.

Under this blueprint, the Minister for Health is the steward of a complex health system with multiple providers and interests. While Queensland's public health sector is large and complex, with 182 public hospitals and a workforce of more than 80 000 people, it does not operate in isolation.

It is part of a much larger system of healthcare providers with common interests, objectives and resources that caters to the health of Queenslanders. Everything from community groups providing preventative healthcare to suburban general practitioner clinics, pharmacies, private hospitals and day surgeries, aged care, step-down and rehabilitative facilities, medical researchers and remote area providers like the Royal Flying Doctor Service are part of this system.

In 2009–2010, when the state budget was \$9 billion, the total value of health across all Queensland sectors was \$23 billion.

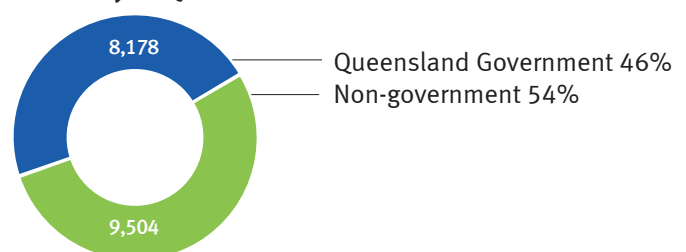
The total number of nurses and midwives delivering healthcare to Queenslanders is more than 65 000, of whom 47 per cent, or about 30 000, are employed by Queensland Health. The statistics are similar among medical staff. Of about 17 600, 8100 are Queensland Health employees. Queensland Health's share of pharmacists is 12.6 per cent, occupational therapists 30.3 per cent, physiotherapists 23.6 per cent and radiation therapists 62.3 per cent.

For many years, health advocacy in State Cabinet and in the Queensland Parliament was directed in line with a ministerial and departmental focus on the public health sector.

But health costs have far outstripped allocations, leading to forecasts that health needs will consume every cent of state income by 2030, and an alternative approach is needed.

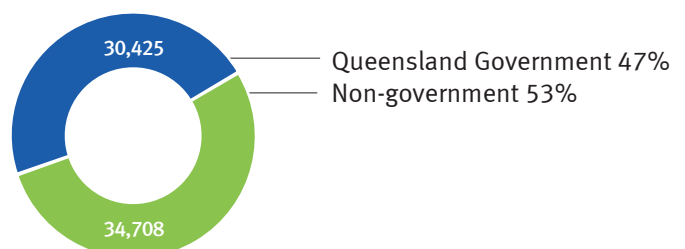
Under this blueprint, the various agencies that account to Parliament through the Minister for Health will accept responsibility for the healthcare of Queenslanders and for the development of health partnerships across all sectors and levels of government.

Total medical staff (including Visiting Medical Officers) in Queensland



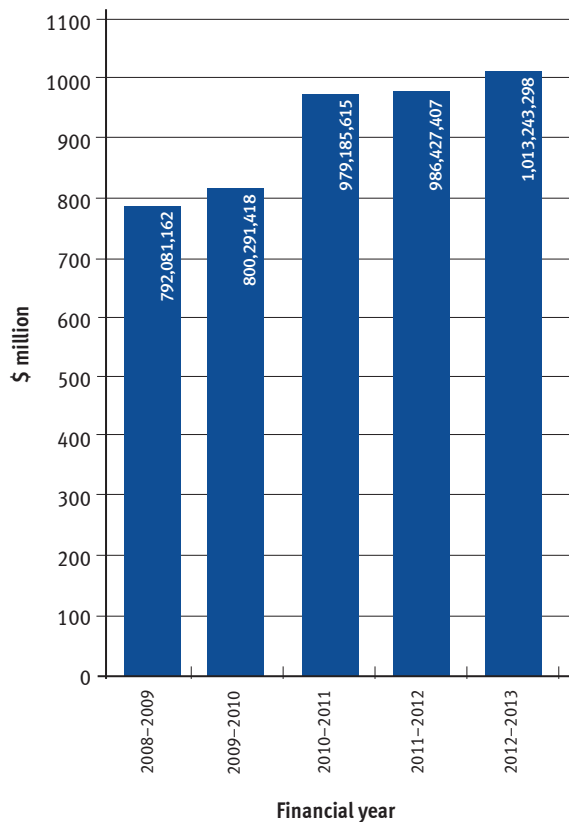
Source: Queensland Health and Australian Health Practitioners Regulation Agency

Total nurses and midwives in Queensland



Source: Queensland Health and Australian Health Practitioners Regulation Agency

Queensland Health expenditure on private provider services



By taking this much wider view and drawing together all the disparate resources and interests that engage in healthcare in this state, the government can advocate and readily support joint strategies. Partners working together will save input costs, create mass where it is needed to more easily support new service delivery options and efficiencies of scale to reduce unit costs.

Delivering joint projects, or relying on a delivery partner to supply sub-acute care or to deliver a centre for planned surgical procedures for example, will increase the overall health impact and the positive result for patients while reducing the call on taxpayers. The regional delivery of services by the very best specialists can be extended if applied through joint strategies.

This is the government's core strategy to improve the efficiency of Queensland healthcare.

Increasingly, the private and non-government sectors will be invited to partner with the state to provide healthcare facilities, operate services in facilities and to address related healthcare services in the wider community.

Accountability in 'grants' to maximise service delivery

Ensuring value for money also means looking at our relationships with non-government organisations. Last financial year, Queensland Health provided about \$945 million in grants to outside organisations.

Examples of fraud and concerns that auditing arrangements were inadequate prompted the government to engage the former Queensland Auditor-General Glenn Poole.

In a review of 'grants' in the healthcare system, the former Auditor-General identified fundamental weaknesses in definitions, accountability and a lack of clear links between funded ventures and health goals. With funding allocations from multiple levels, the grants program was open to waste and duplication.

The recommendations of the former Auditor-General will be implemented by the government. Many former grants will be replaced by contracts for service and linked to the community objectives of local HHSs.

Grants that do not support core clinical services will be discontinued.

The legislative and operating framework for Queensland's 13 Hospital Foundations will also be reviewed, to ensure maximum benefit is achieved from resources within their control.

Contestability

Under this blueprint, public sector health services will be exposed to contestability—that is, there will be a deliberate opening up of these services to competition or the credible threat of competition. Contestability can produce significant cost savings and/or quality improvements in the supply of business inputs or in service delivery itself.

In support of local empowerment, under this blueprint a 'local budget for local communities' approach will be adopted. Freed up from previously restrictive policies, dollars saved through increased efficiencies and the adoption of alternative service delivery models will be returned to local communities enabling HHSs to improve their performance across all targets. This change in government policy will support local business, community growth and employment.

Section three: Providing Queenslanders with value in health services

Queensland Health is seeking opportunities for alternative service delivery models. Outsourcing, co-sourcing, public-private joint ventures and partnering with other government agencies will be adopted where it is efficient to do so. This is consistent with the government's focus on improved financial performance and improved access to frontline services in Queensland Health 2012–2013 Queensland State Budget.

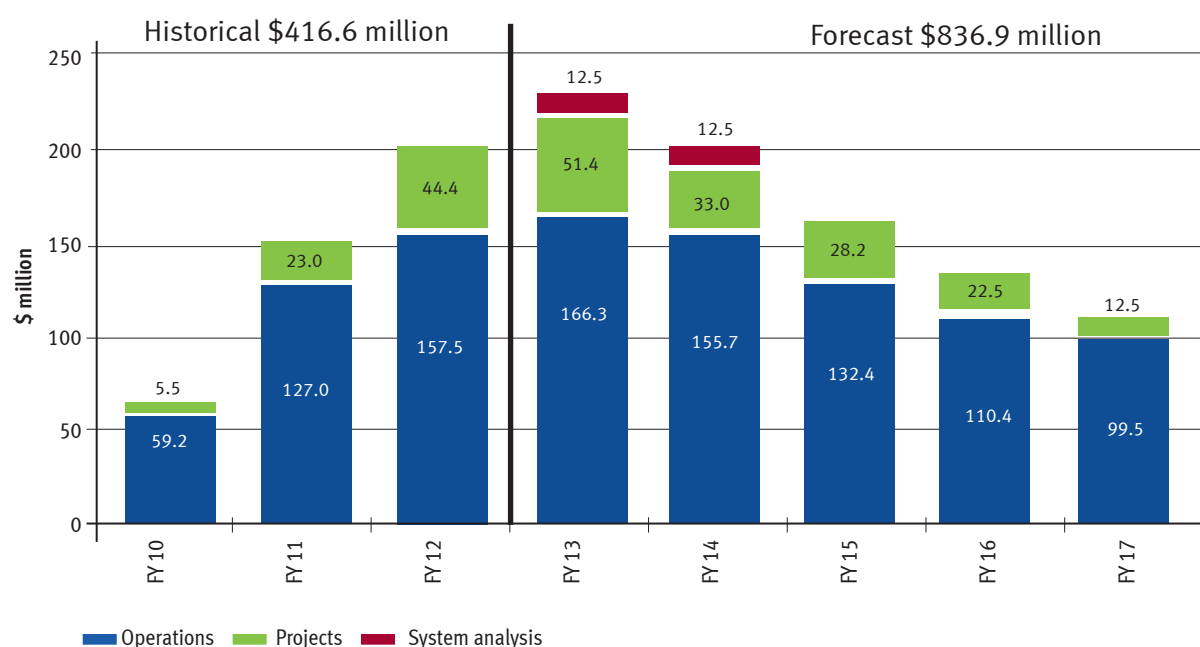
The current policy directions that bind HHSs to services provided through the Health Services Information Agency and the Health Services Support Agency will change over the next 12–18 months as the principles of contestability are applied and new models of service delivery put in place.

Over the next 12 months, the newly created Contestability Branch within the department will lead and coordinate Queensland Health's contestability reforms. Areas of focus include the strategic sourcing of goods and services and the outsourcing of supply

chain and logistics. Options to change the business models for services such as medical equipment services, pathology and diagnostic imaging will also be prioritised. Alternative business models for payroll, internal audit and metropolitan linen services will also be examined. The immediate focus of the Contestability Branch will be to consider contestability options for central pharmacy and medical typing. Opportunities to outsource a range of information technology functions including desktop support, help desk arrangements and in-house hosted software development and infrastructure will also be pursued.

Not only will the department examine more cost-effective ways to deliver support services, it will also will look at innovative models of delivering entire hospital services, particularly in new hospitals and other greenfield sites.

Breakdown of payroll spend



* The KPMG review into payroll issues estimated \$1.253 billion is required to be spent between 2010 and 2017 for payroll-related activities.