BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

AFFIDAVIT OF LAWRENCE JAMES SPRINGBORG

I **LAWRENCE JAMES SPRINGBORG** of Parliament House, Brisbane, Member for Southern Downs in the 55th Parliament of Queensland, make oath and say as follows:

Question 1: Explain the Minister's appointment, role and involvement with BAC

My appointment as Minister for Health in April 2012

1 I was appointed the Minister for Health on 3 April 2012. I ceased being the Minister for Health on 14 February 2015, after the change in government.

2 I remember that the issues that occupied my immediate attention upon becoming Minister were serious and urgent problems with the payroll system of the Department of Health (**Department**), the need for a new enterprise bargaining agreement with nurses, new Visiting Medical Officer arrangements that needed to be put in place, and the establishing of new boards for Hospital and Health Services (**HHS**).

3 When I was the Minister for Health, I divided my office into three parts: policy, communication and administration. My office was headed by a Chief of Staff, Jake Smith. My Principal Policy adviser was Mark Wood (although Neil Hamilton-Smith was also a Principal

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Deponent

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Policy Adviser until March 2013). Mr Wood led a small staff of policy advisers. We had about 11 to 12 people in the office at any one time.

My role as Minister for Health

4 As Minister for Health, I was responsible for leading the policy direction of the Department, for implementing the Government's election manifesto in relation to health, including implementing the charter letter which was provided to me by the Premier of Queensland when I became Minister for Health. A true copy of the charter letter is exhibited to this affidavit and marked '**LJS-1**'.

5 I was also responsible for ensuring that there were appropriate resources to run the health system, and to ensure that taxpayer's money was being spent to get the best value outcomes.

6 As Minister, I found that it was necessary to make a wide range of policy decisions in an extremely challenging portfolio. Those decisions impacted people often in their most dire moments of need (whether it be in an accident emergency department, someone requiring surgery, or someone with severe mental health needs). However, it is not appropriate for Ministers to involve themselves in clinical decision-making, including involving individual patients, or selecting clinical models of care.

7 When I was Minister, I gave departmental officers the responsibility to administer the Department, but I was clear with them in terms of my intent and expectations. I believe that I provided clear direction about what the policy of the Government was. It is simply not possible nor appropriate to micro-manage a portfolio as vast as Health.

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8 When I was Minister I was committed to devolving responsibility over service delivery to local HHSs. I believe that decentralising the health system, and giving more authority and discretion to local HHSs, ensures that better decisions are made about service delivery.

9 I was also committed to ensuring that the Boards of the HHSs (**Boards**) had maximum autonomy to make the best decisions about matters within their district.

10 Inevitably, as Minister I would sometimes be required to make a decision or assessment that involved some aspect of clinical practice. In those situations, I would seek and take advice from officers of the Department or the relevant HHSs and their Boards, who had, or had access to, the relevant expertise.

Functioning of my office

11 In order to give a full explanation of my role, I will explain how the Department was organised when I was Minister for Health, and also how the Minister's office functioned day to day.

12 The Department was led by the Director-General. During my term as Minister, the Director-General was, first, Dr Tony O'Connell, and then later Mr Ian Maynard. There were also at least four Deputy-Directors-General. One of the Directors-General was Dr Michael Cleary, who was responsible for clinical services. Of the Deputy-Directors-General, I dealt principally with Dr Cleary in relation to matters concerning the Barrett Adolescent Centre (**Barrett Centre**).

13 I had an 'open door policy', and would have regular discussions with the Director-General and the various Deputy-Directors-General. When I say 'open door policy', that was also literally the case. Our offices were on the 19th floor of the Queensland Health building in Charlotte Street, Brisbane, and there was a door between the office of the Director-General and the

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Minister's Office. The Director-General would regularly come into my office to discuss points that he wished to raise with me as Minister. During my term as Minister for Health, I would usually work from the Minister's offices in Charlotte Street a few days of each week. These conversations were informal and not documented.

14 While I would communicate with the Director-General on an almost daily basis, I also routinely met the Director-General for about 30 minutes each Monday. During these Monday meetings, the Director-General would brief me on matters that he considered to be important. I would also raise with him issues that I considered to be important.

15 I and/or someone from my office also regularly attended the weekly meetings of the Executive Management Team. The Executive Management Team comprised the Director-General, Deputy-Directors-General, and the head of the various sections within the Department. The Executive Management Team would meet weekly. The kinds of topics that were discussed were the performance of different health projects that were underway, public health issues raised by the Chief Health Officer, and the financial performance of the Department. The Chief Health Officer is a senior statutorily appointed (and highly respected) clinician who operates largely autonomously, and who was charged with responsibility for public health and clinical matters.

16 I also attended the regular Ministerial Budget Review meetings. These meetings took place fortnightly, or less frequently if Cabinet was sitting outside Brisbane.

17 In addition to the regular meetings set out above, I attended many ad-hoc meetings arranged by my office. These could relate to any matter relevant to my portfolio. These meetings often followed briefing notes being provided by the Department to my office, which

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would identify an issue that the Department considered that my office or I should be made aware of.

18 Also, I had a number of meetings with representatives of different HHSs and Boards to discuss matters that were relevant to the services for which the particular Board was responsible.

Briefing notes

19 A briefing note is a document provided to brief the Minister in relation to a matter or decision. Briefing notes to my office were provided either 'for noting' or 'for approval'.

20 At first instance a briefing note would be reviewed by the person in my office responsible for the topic dealt with by the note. This process of allocating briefing notes to Ministerial advisors was essential because my office received so many briefing notes and documents that it was not possible for me to personally read every single one of them.

21 My Chief of Staff, Mr Jake Smith, had overall responsibility for ensuring that briefing notes and other documents that were submitted to my office were dealt with by my office at the correct level.

22 When I read a briefing note, my usual practice was to sign the note to signify that I had read it, and to mark it to indicate whether I had 'noted' its contents or 'approved' or 'not approved' a recommendation as required by the note. Equally, my Ministerial staff would usually sign or annotate the briefing notes if they had read or actioned the particular note.

23 My usual practice when reading briefing notes, was to read the note to me as Minister (often these were one page), and to review any briefing notes to the Director-General that were attached, usually to check that there was consistency between the respective briefing notes,

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and that the Director-General approved the course of action that I was asked to note or approve.

HHSs

24 As I have stated above, I was in favour of HHSs having maximum autonomy and independence in relation to service delivery.

25 The context for this was that the Queensland health system was very large and complex, and delivered many services across the State. The Department was the largest government department in Queensland. By the end of my term as Minister, the Queensland health system accounted for about 30% of the State budget (about $13.6 billion) and employed over 80,000 people.

26 The authority and responsibility of the HHSs is set out in the *Hospital and Health Boards Act 2011* (**HHB Act**). I was generally familiar with the terms of the HHB Act, which was substantially amended when I was Health Minister.

27 This structure, whereby local HHSs had responsibility for administering services, meant that the decisions about how to provide mental health services to adolescents lay primarily with the particular HHS providing those services. Accordingly, in relation to the Barrett Centre, decisions as to when to close the Centre, what services would be provided in its place, and how they would be provided, lay primarily with West Moreton Hospital and Health Service (**West Moreton**), as the HHS with responsibility for the Centre.

28 I have been asked whether I ever provided a written direction pursuant to section 44 of the HHB Act in relation to either the cessation of the Redlands project, the closure of the Barrett

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Centre, or the provision of alternative models of care (matters I discuss further below). I did not.

My involvement with the Barrett Adolescent Centre

(1) "The Park"

29 During my term as Minister for Health I was aware that there was a facility called "The Park" at Wacol that provided mental health services, principally to adults. The adult patients included "secure" patients, who were involuntarily detained. There were also "forensic" patients, who were mentally ill men and women who had committed serious offences, such as rape or murder.

(2) Barrett Adolescent Centre

30 At The Park there was a service for adolescent patients called the Barrett Adolescent Centre. I understood that the Barrett Centre had been at The Park for several decades.

31 Early in my term as Minister, I became aware that the Barrett Centre was a 15 bed inpatient mental health facility for adolescents; that young people needing treatment were admitted for a matter of weeks, months or in some cases years; and that those who were admitted to the Barrett Centre were the most serious cases, exhibiting complex and difficult mental health issues. I was aware that the Barrett Centre had a day program as well as an in-patient service.

32 I was also aware that, together with the rest of The Park, the Barrett Centre was under the control of West Moreton.

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33 As I will explain, I had several meetings with Dr Mary Corbett, the Chair of the West Moreton Hospital and Health Board (**West Moreton Board**), and with Ms Lesley Dwyer, Chief Executive of West Moreton, about the proposed closure of the Barrett Centre.

(3) The Redlands Project

34 Shortly after I was sworn in as Minister for Health, I became aware that the Barrett Centre was scheduled to be closed and a replacement facility built elsewhere.

35 The decision to close the Barrett Centre and to build a replacement centre had been made before I was appointed Minister for Health.

36 I have been shown a copy of a briefing note to the Director-General (for approval) dated 3 May 2012, with the subject '*Cessation of the Redlands Adolescent Extended Treatment Unit Capital Program*'. A copy is exhibited to this affidavit and marked '**LJS-2**'.

37 This document indicates that the Chief Health Officer proposed that the Director-General approve the cessation of the Redlands Adolescent Extended Treatment Unit (which I understand to be a facility which had been proposed to be built at Redlands to replace the Barrett Centre), and provide the brief to me for noting.

38 At the time, I had only been in my portfolio for one month. While this briefing note was not written for me as Minister, I subsequently became aware that the Department did not intend to proceed with the Redlands project, and at some stage I would have discussed this decision with the Director-General in one of our informal or regular meetings.

39 I have been shown a copy of a briefing note to the Minister for approval signed 28 August 2012 with the subject '*12 Rural Infrastructure Projects*'. A copy is exhibited to this affidavit and marked '**LJS-3**'.

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40 This briefing note has been signed by me, and I have circled the word '*Approved.*' This indicates that I would have read the note, and approved the recommendation. Attached to the briefing note is a briefing note for approval to the Director-General, paragraph 14 of which states that '*Dr Bill Kingswell, Executive Director – Mental Health, Alcohol and other Drugs recommended the cessation of the replacement Adolescent Treatment Unit at Redlands...*'. During 2012 I was aware that senior clinicians within the Department had expressed the view that a facility like the Barrett Centre was not regarded as contemporary with the draft National Mental Health Service Planning Framework, and that it was not the most appropriate model for caring for and treating severely troubled adolescents who required intensive inpatient or outpatient psychiatric care, and that the preferred model involved the provision of services in the community, closer to the patient's home, and a move away from what was regarded as long-term institutional care of the kind provided by the Barrett Centre.

(4) My visit to the Barrett Centre in late 2012

41 In late 2012, I visited the Barrett Centre in the company of the Hon. Annastacia Palaszczuk (in whose electorate the centre was located), the Hon. Joanne Miller MP, who was then the Shadow Health Minister, and Dr Michael Cleary.

42 During the visit, we met staff, as well as parents and carers at both the facility and the related school. My impression from the visit was that there was a sense of community at the Barrett Centre, particularly between the carers and patients, but that the buildings were very old and run down, and were in the middle of a much bigger adult mental health facility.

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(5) Discussions concerning proposed closure of the Barrett Centre

43 For me, the visit to the Barrett Centre reinforced the importance of adolescent mental health services.

44 At about this time I became aware that an expert group had been assembled to consider the best model of care for those adolescents who had been referred or would have been referred to the Barrett Centre. I understood that West Moreton had assembled the expert group.

45 During my time as Minister, I had a number of meetings, both formally and informally with the Chair of the West Moreton Board, Dr Mary Corbett, and with the Chief Executive of West Moreton, Ms Lesley Dwyer, during which the Barrett Centre was discussed.

46 I have been shown a copy of a briefing note (for noting) to the Director-General, dated 7 December 2012 with the subject '*Meeting between the Minister and the Chair, West Moreton Hospital and Health Board*'. A true copy is attached as exhibit '**LJS-4**'.

47 The briefing note proposes that the Director-General provide it to me for information. It refers to a '*Proposed topic overview*' for the meeting, which includes '*Barrett Adolescent Centre – project plan, panning group & expert clinical reference group*'.

48 The briefing note is not signed by the Director-General. I cannot say if it was ever provided to me or to my office.

49 I recall discussing the issue of the Barrett Centre from time to time with the Director-General and the Deputy-Director-General in our meetings described in paragraphs 13 to 18.

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50 I have been shown a briefing note to the Minister (for noting) dated 8 July 2013, with the subject '*Barrett Adolescent Strategy Meeting*'. A copy is exhibited hereto and marked '**LJS-5**'.

51 There is a line across the left hand part of the document where the printed form says "*Approved/Not Approved*". To the right there is a circle around the word "*Noted*", underneath are the letters "*PPA*", and there is a line above or through the words "*Chief of Staff*", and then a manuscript note "*31/7/13*".

52 These markings indicate that on 31 July 2013 the Principal Policy Adviser reviewed and noted the document. At that time, my Principal Policy Advisor was Mark Wood.

53 I have been shown a document entitled "*meeting with Dr Mary Corbett and Leslie Dwyer WMHHB re Barrett Adolescent Centre + Neil*". A copy is exhibited hereto and marked '**LJS-6**'.

54 The document looks like a diary entry for a meeting with me scheduled for 15 July 2013 from 4.00pm to 4.30pm at my office. The document has at the top the name "*Jo Toghill*". Jo Toghill kept my diary at this time.

55 I expect that this was one of the meetings I had with Dr Corbett and Ms Dwyer, which I mentioned earlier.

56 My main concern at this time was if the Barrett Centre was to be closed, then adequate replacement services had to be in place from that time onward. I conveyed this to Dr Corbett and Ms Dwyer in the meetings that I had with them where the Barrett Centre was discussed.

57 In one or more of these meetings, with Dr Corbett and Ms Dwyer, we discussed and agreed that the Barrett Centre should not close until adequate replacement services were provided.

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58 During 2013, I also had discussions with representatives of Children's Health Queensland HHS (**Children's Health Queensland**).

59 The Chief Executive of Children's Health Queensland was Dr Peter Steer, and the Chair of the Children's Health Queensland Board was Ms Susan Johnson. In my discussions with them, Dr Steer and Ms Johnson also agreed with me that there should be no gap in services when the Barrett Centre closed.

60 I also recall having discussions about the Barrett Centre with Dr Michael Cleary. As I explained earlier, Dr Cleary was Deputy-Director-General of the Department responsible for clinical services. I tended to have more in-depth discussions with Dr Cleary than with other Deputy-Directors-General, because he was responsible for clinical services. I found him to be a very compassionate doctor. Dr Cleary and I agreed that there should be no gap in services if the Barrett Centre was closed.

(6) Announcement in August 2013

61 I have been shown a media release of West Moreton and Children's Health Queensland dated 6 August 2013, concerning the closure of the Barrett Centre. A copy is exhibited hereto and marked '**LJS-7**'. The issues in the document are familiar to me.

62 I remember giving radio interviews when the announcement was made that the Barrett Centre would indeed be closing. I gave radio interviews on 6 and 7 August 2013, at which I stated that the Barrett Centre would close, and that new services would be provided under a new model of care that was being developed.

(7) January and February 2014

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63 I have been shown and read a briefing note (for noting) to the Minister with the subject '*Update on the Barrett Adolescent Centre*', bearing my signature over the date 20 February 2014. It is also signed by my Chief of Staff as having been noted. There is a handwritten initial to the right-hand side 'AW'. I expect those are the initials of Mr Anthony West, the Departmental Liaison Officer who worked within my office at that time.

64 I have also read the attached three-page briefing note (for noting) to the Director-General dated 24 January 2014, with the subject '*Update on the Barrett Adolescent Centre – closure of inpatient unit*'. The contents of this briefing note are familiar to me. This document states that all inpatients and day patients of the Barrett Centre had been discharged to appropriate care options.

65 A copy of these briefing notes is exhibited hereto and marked '**LJS-8**'.

66 I have been shown and read a briefing note (for noting) to the Minister with the subject '*Realignment of the Barrett Adolescent Services and status of new community based adolescent mental health services*', bearing my signature over the date 28 March 2014. A copy of this briefing note is exhibited hereto and marked '**LJS-9**'.

67 This document notes the status of the new adolescent mental health extended treatment and rehabilitation services being established. The note states:

"*Note the status of the new adolescent mental health extended treatment and rehabilitation services being established*:

1. *A 5-bed Residential Rehabilitation Unit at Greenslopes.*

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2. *From early February, the Mater Hospital will provide interim subacute inpatient beds until new funding is sourced for a longer term bed-based option in the Lady Cilento Children's Hospital.*

3. *Recruitment processes for a Statewide Panel, six Assertive Mobile Outreach Service (AMYOS) Teams, and two Psychiatrists are under way, with the first appointments being made from March. The AMYOS Teams will be located in north Brisbane, south Brisbane, Townsville, Darling Downs, Gold Coast and Redcliffe/Caboolture.*

4. *A new Day Program Unit will be established in north Brisbane by June 2014. This will be in addition to existing Day Program Units located at the Mater Hospital, Toowoomba, and Townsville.*

5. *Further investigation being conducted into an opportunity to construct a new Step Up/Step Down Unit in Cairns utilising funding identified by the Mental Health, Alcohol and Other Drugs Branch."*

68 The briefing note concludes by stating:

'*the first phase of service implementation will utilise existing recurrent funding from the BAC and the ceased Redlands Project. Implementation of the full proposed model of care is dependent upon new operational and capital funding. A business case seeking recurrent funding for service implementation over a four year time frame will be submitted.*'

69 Further detail of the note as to funding is provided in paragraph 9 of the briefing note (for noting) to the Director-General dated 24 March 2014, which appears to sit behind the briefing note (for noting) to me as the Minister.

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70 I have no personal knowledge of the details of the funding application process referred to, but my understanding is that it was funding within the existing health budget, and did not require a special funding allocation from the CBRC. I do not recall approaching the CBRC for this funding.

71 I was not aware during my time as Minister for Health of any lack of money to provide adolescent mental health services, if a need was identified. There was no lack of access to funding during my time as Minister for new or expanded adolescent mental health services.

72 I have been shown a briefing note requested by the Minister's office, dated 16 September 2014. A true copy of it is exhibited to this affidavit and marked '**LJS-10**'.

73 Paragraph 3 of the briefing note says *'Since the service realignment in January 2014 the Department of Health (DoH) has provided $1.8 million in additional recurrent funding for the provision of adolescent extended treatment and rehabilitation services (AETRS), the DoH has committed a further $1 million recurrently to maintain temporarily funded adolescent services in Cairns, representing an increased investment of 72% on top of the previous funding provided for the BAC.'*

74 This matches my recollection that the provision of new or expanded adolescent mental health services was not constrained by funding, if additional funding was considered to be essential.

75 I make further observations about funding issues in response to question 41.

Question 2: What were the reasons for the decision to close the BAC?

76 The original decision to close the Barrett Centre was made before I became Minister for Health.

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77 The reasons for the decision in 2013 to close the Barrett Centre in early 2014, were, as I understood it at the time:

(a) the facility was ageing, and no longer safe for the patients and staff;

(b) the facility was located in an adult mental health facility which was going to be expanded (in particular to focus on adult forensic patients) and that expansion carried risks to the patients and staff at the Barrett Centre; and

(c) the Barrett Centre represented an outdated model of care that Queensland should move away from. My understanding was that long-term and institutional care was no longer considered to be best practice, and that the preferred model involved caring for young people in their community and closer to home.

Question 3: What considerations, recommendations, stakeholder concerns, documents, expert advice, and/or reports, did the Minister take into account in coming to the decision to close the BAC, and what weight was given to/how influential was each?

78 Question 3 assumes that I decided to close the Barrett Centre. That is not accurate.

79 The decision to cancel the Redlands project in 2012 was made by the Director-General (please see '**LSJ-2**', and paragraphs 36 to 38 above).

80 I understand that the decision to proceed with the closure of the Barrett Centre in 2014, following the cancellation of the Redlands project, was made by West Moreton.

81 I endorsed and agreed with the closure of the Barrett Centre based on the briefings, advice and undertakings I received.

82 In my answer to question 2 above, I have set out what I understood to be the key reasons for the closure of the Barrett Centre in early 2014.

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Question 4: Did the Minister (or his office) form, or cause to be formed, the 'Expert Clinical Reference Group' (ECRG)?

83 In relation to question 4, neither I nor my office formed or caused to be formed the ECRG.

Question 5: Who were the members of the ECRG, what was the expertise of each member, and what was the ECRG's function?

84 In relation to question 5, the ECRG was made up of clinically qualified people and stakeholder representatives.

85 I understood that one of the expert group's role was to provide advice about what were the appropriate services that should be delivered to meet the needs of y young persons exhibiting severe and complex mental health problems, against a background where it was proposed to close the Barrett Centre at Wacol at some future time, and the Redlands project had been cancelled.

86 I understood that the expert group was reporting to West Moreton as the body having operational control of the services provided by the Barrett Centre, and that my office was being kept informed of developments.

Question 6: Did the Minister accept the recommendations of the ECRG and if so, how were those recommendations implemented?

87 In relation to question 6, I have been shown a copy of a document entitled "*Expert Clinical Reference Group Recommendations Barrett Adolescent Strategy July 2013*". I understand that the "ECRG recommendations" are those set out in the left hand column.

88 A copy of the document is exhibited as '**LJS-11**'.

89 I have read each of the recommendations in the left hand column. I did not accept or reject these recommendations.

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Question 7: When was the ECRG report provided to the Minister (or his office)?

90 Based on the documents I have reviewed, I believe that the ECRG Report was provided to my office in July 2013, with the briefing note that is '**LJS-5**' (please see also paragraph 50 to 52 above). I have been shown an email to Mark Wood dated 15 July 2013. If the ECRG Report was provided with that email, I expect that the report was first provided to my office on the morning of 15 July 2013. A copy of the email and attachments provided to me by the Commission is exhibited as '**LJS-12**'.

Question 8: Did the Minister (or his office) form, or cause to be formed, the 'Planning Group' (PG)?

91 As to question 8, neither I nor my office formed or caused to be formed the PG.

Question 9: Who were the members of the PG, what was the expertise of each member, and what was the PG's function?

92 As to question 9, based on the documents I have reviewed, the PG comprised expert clinicians, and representatives from the Department and HHSs.

93 Based on the documents I have reviewed, the function of this group was to consider the ECRG report and provide recommendations to West Moreton.

Question 10: What was the relationship between the ECRG and PG?

94 As to question 10, please see my answer to question 9.

Question 11: Were the views of the PG provided to the Minister (or his office) and, if so, when?

95 As to question 11, I expect that the views of the PG were conveyed to me or my office in one of the meetings I had with Dr Corbett and Ms Dwyer.

Question 12: Did the Minister accept the recommendations of the PG and, if so, how were those recommendations implemented?

96 As to question 12, I did not either accept or reject the recommendations of the PG. Its recommendations concerned clinical matters and were directed at clinical experts and

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professional administrators within West Moreton, and were to be considered by West Moreton and the Department. The recommendations were not made to me or my office.

Question 13: Did the Minister (or his office) form, or cause to be formed, the 'Statewide Adolescent Extended Treatment and Rehabilitation Strategy Group' (SWAETRSSG) and/or the 'Statewide Adolescent Extended Treatment and Rehabilitation Service' (SWAETRS) (and say if these groups are the same or separate)?

97 As to question 13, neither I nor my office formed or caused to be formed either of the two groups identified in this question.

Question 14: Who were the members of:

a) SWAETRS; and/or

b) SWAETRSSG

And what was the expertise of each member, and what was the function of each of the SWAETRS and SWAETRSSG?

98 In relation to question 14, based upon my review of documents provided to me, these groups contained clinicians and executives from within the Department and HHSs. The function of these groups was to supervise the implementation of the new service model.

Question 15: What experts were consulted (and when), and what advice was given by those experts, prior to the decision to close the BAC?

99 In relation to question 15, I was aware that expert clinicians were being consulted: please see paragraphs 84 to 96 above.

Question 16: What stakeholders were consulted prior to the decision to close the BAC (and when) and what advice/views were given by the stakeholders, and state the nature of the consultation (i.e. meetings, submissions considered etc.)? How influential were each of the stakeholder perspectives in the Ministers decision-making?

100 In relation to question 16, the consultation with stakeholders was not coordinated at the Ministerial level. The consultation with stakeholders was being undertaken by West Moreton, Children's Health, and, I understood, the clinical expert groups who were examining alternative models of care.

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Question 17: Did the Minister (or his office) decide that the BAC should be closed as early as at 2014 and, if so, what were the reasons for the decision and on what date was this decision made? (Noting that the decision was announced by the Minister on 6 August 2013).

101 In relation to question 17, the decision that the Barrett Centre should close in early 2014 was not made by me, but by West Moreton, as the body responsible for the Barrett Centre.

102 As discussed at paragraphs 56 to 60 above, I communicated my view that the closure date should be flexible.

Question 18: What considerations, recommendations, stakeholder concerns, documents, expert advice, and/or reports, did the Minister take into account in coming to the decision to close the BAC?

103 I have addressed question 18 in my responses to questions 2, 3 and 5 above.

Question 19: Once the decision to close the BAC in early 2014 was made, what steps were taken by the Minister (or his office) to transition patients of the BAC to new arrangements?

104 In relation to question 19, neither I nor my office took steps to transition patients of the Barrett Centre to new arrangements. I was informed that adequate individual transition plans were in place in relation to those patients (please see paragraph 64 above).

105 It would not have been appropriate for me or my office to become involved in clinical arrangements of this kind.

Question 20: Once the closure date was set, was there any flexibility with respect to the early 2014 closure date/any review mechanism in place?

106 In relation to question 20, a closure date was not set. The closure date was always flexible on the basis that the Barrett Centre should not close unless appropriate arrangements had been made to ensure that there was no gap in services.

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Question 21: Who was responsible for the arrangements for the transition of patients of the BAC once the decision to close the BAC had been made, including with respect to responding/addressing any concerns raised during the transition process?

107 In relation to question 21, the overall responsibility for the arrangements for the transition of patients would have been with West Moreton.

Question 22: What were those transition arrangements?

108 In relation to question 22, I knew that there were transition arrangements for patients at the Centre. They were set out (at least in part) in the briefing note to the Director-General dated 24 January 2014, at **LSJ-8**. I was informed (and accepted) that the transition arrangements were appropriate.

Question 23: Was there a transition plan prepared/approved by the Minister (or his office) for transitioning patients at BAC, and if so, how was that managed/ administered/ implemented at the service delivery level?

109 In relation to question 23, the transition plans were not prepared by me or by my office. They were prepared by clinically qualified people under the supervision of West Moreton.

Question 24: Was there a taskforce formed by the Minister (or his office) for transitioning BAC patients to alternate care/services and/or for transitioning the closure of the BAC and, if so, when was this established?

110 In relation to question 24, the answer is no.

Question 25: Who were the members of that taskforce, what was the expertise of each member, and what was the taskforce's function?

111 In relation to question 25, there was no such taskforce.

Question 26: Did the taskforce report to the Minister (or his office) on one or more occasions and, if so, provide a copy and an explanation of each such report.

112 In relation to question 26, there was no such taskforce.

Question 27: Did the taskforce decide that January 2014 was the best deadline for the closure of the BAC and, if so, what were the reasons for that decision?

113 In relation to question 27, please see my answers to questions 24 to 26 above.

[redacted]

Deponent

Taken by:
Solicitor/~~Justice of the Peace/Commissioner for Declarations~~

Question 28: Who was responsible for the educational transition of patients of the BAC once the decision to close the BAC had been made?

114 In relation to question 28, the Department of Education was providing educational services for patients at the Barrett Centre. I understand that the transitional arrangements were supported by Education Queensland, working in conjunction with West Moreton.

Question 29: What were those educational transition arrangements?

115 In relation to question 29, I expect that the educational transition arrangements were handled within the portfolio of the Minister for Education. For the purpose of this inquiry I have not been provided with any briefing notes to my office which describe those educational transition arrangements.

Question 30: What arrangements were made for adolescents on the BAC waiting list who would otherwise have been admitted to the BAC?

116 In relation to question 30, my understanding and expectation was that the adolescents on the waiting list would be supported using the new clinically recommended models of care that had been developed.

Question 31: Did an alternative Tier 3 service ever form part of the Minister's (or his office's) decision-making, with respect to the closure of the BAC, and, if so, explain what became of that alternative?

117 In relation to question 31, I understand that an alternative Tier 3 service was recommended by the ECRG. That recommendation was accepted by the Planning Group. I understand that a Tier 3 service was provided after the closure of the Barrett Centre.

118 I am aware, on the basis of the documents I have reviewed (including the Planning Group recommendations contained at '**LJS-11**'), that the Planning Group accepted the ECRG's recommendation that a Tier 3 service should be prioritised, and concluded that further work was needed to detail the service model, and models involving a clinical bed-based service

Deponent

Taken by:
Solicitor/~~Justice of the Peace/Commissioner for Declarations~~

(such as the Barrett Centre) were not considered contemporary within the National Mental Health Service Planning Framework.

119 Further, my understanding, on the basis of my review of the briefing note at '**LJS-9**', was that a number of new services were being established (including interim subacute inpatient beds at the Mater Hospital) as set out in paragraph 67 above.

Question 32: Did the Minister (or his office) decide not to provide an alternative Tier 3 facility to BAC and, if so, what were the considerations, recommendations, stakeholder concerns, documents, expert evidence, and/or reports the Minister (or his office) took into account in coming to that decision?

120 In relation to question 32, I did not decide to not provide an alternative Tier 3 service (and nor did I decide to do so either – clinical decisions of this kind not being part of my role as Minister, as I explained earlier). Please otherwise see my answer to question 31 above.

Question 33: If the Minister (or his office) decided not to provide an alternative Tier 3 facility on what date was this decision made?

121 In relation to question 33, please see my answer to questions 31 and 32 above.

Question 34: What were all of the alternative options considered by the Minister (or his office) when making the decision to close the BAC?

122 In relation question 34, I did not make the decision to close the Barrett Centre. The decision to close the Barrett Centre had been made some years previously, by a previous government.

123 The decision that was made to close the Centre in early 2014 was made by West Moreton after an extensive consideration by expert clinicians. As I have said, I supported that decision.

124 As I understood it, different models of care and service delivery options were considered by West Moreton, Children's Health Queensland, and the Department, assisted by the work of the ECRG and the PG.

[redacted] [redacted]

Deponent

Taken by:
Solicitor/~~Justice of the Peace~~/~~Commissioner~~ for Declarations

Question 35: Were there any arrangements in place to monitor the adequacy of the transition for former patients of the BAC? In particular, once the BAC closed, did the Minister (or his office) make any checks to ensure that the transition arrangements were appropriate and effective, and, if so, what were those checks and when and how did they occur?

125 Once the transitions plans were established, the responsibility for monitoring them was appropriately a clinical matter for the responsible HHSs.

126 As set out in paragraph 64 above, I received confirmation that there were adequate clinically recommended transition plans in place.

Question 36: Once the BAC closed, did the Minister (or his office) make any checks to ensure adequate arrangements were in place for adolescents formerly on the BAC waiting list?

127 In relation to question 36, once the BAC was closed, the monitoring of arrangements in place for adolescents formerly on the BAC waiting list fell within the responsibility of the HHSs.

128 Beyond receiving the briefing note referred to in paragraph 63 above, neither I nor my office were involved in the arrangements for young people formerly on the waiting list, and nor would it have been appropriate to have done so.

Question 37: What were the reasons for the decision (on or about 10 September 2013) to stand down Dr Sadler from his position as Director of the BAC, who made the decision, and on what date did the matters relevant to the decision first come to the attention of the Minister (or his office), and by what means?

129 [redacted]

Question 38: In the period June 2013 to September 2013, did the Minister have any concerns about clinical governance at the BAC and, if so, what were those concerns?

130 [redacted]

[redacted] [redacted]

Deponent

Taken by:
Solicitor/~~Justice of the Peace/Commissioner~~ for Declarations

[redacted]

Question 39: What senior psychiatric support was provided to the BAC following the stand-down of Dr Sadler?

131 In relation to question 39, it is likely that I was informed that senior psychiatric support was indeed being provided following the stand-down of Dr Sadler, on or about 12 September 2013.

132 [redacted] A true copy is exhibited as document '**LJS-13**'.

133 Paragraph 9 of the attached briefing note to the Director-General states that '*A decision has been made to stand aside the current Clinical Director BAC as a matter of urgency whilst review takes place. An Interim Clinical Director is to be appointed to BAC to provide continuity of clinical governance and leadership to the Unit*'.

Question 40: What were the arrangements for the continuation of employment of staff working at the BAC (other than Dr Sadler), following the decision to close the BAC, up until closure?

134 In relation to question 40, I do not know, and would not expect to know, as these arrangements fell within the responsibility of West Moreton.

Question 41: Did the Bligh Government allocate $16M for a purpose built facility in replacement of the BAC and, if so, was that money reallocated and to where?

135 In relation to question 41, I believe that a previous government had notionally allocated approximately $16 million for a purpose built facility to replace the Barrett Centre at Redlands.

136 This facility was originally planned to open in 2011, however it never eventuated.

[redacted] [redacted]

Deponent

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137 I became aware that the Redlands Project had encountered significant delays, cost overruns, and problems with environmental issues (including the land being a koala habitat), and that expert clinicians had expressed doubts that a purpose-built replacement of the Barrett Centre was an appropriate contemporary model of care.

138 I am also aware (from my review of the briefing notes at '**LJS-2**') that the Redlands project was cancelled by the Director-General on about 16 May 2012, on the recommendation of Dr Kingswell, who was the Executive Director of Mental Health, at Mental Health, Alcohol and Other Drugs Branch, and that the request for approval to cancel the project came from the Chief Health Officer.

139 The briefing notes referred to at paragraph 138 above indicates that part of the allocation for the Redlands project was used to fund urgent work connected with occupational and patient safety at 12 regional hospitals that had been previously identified and neglected. Part of the allocation was also used to fund new adolescent mental health services provided after the Barrett Centre closed (please see paragraphs 66 to 69 above).

140 During my term as Health Minister the budget for health was initially approximately $11 billion, and increased to $13 billion. Of that total approximately $1 billion was spent on mental health.

141 My understanding in 2012, 2013 and 2014 was that there was no difficulty with funds being made available if they were needed to provide the services that the ECRG and PG recommended be provided.

142 I was not aware of any lack of funding to provide essential adolescent mental health services. If the Department and HHSs had recommended a model of care that required additional

[redacted] [redacted]

Deponent

Taken by:
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funding, and that had to be escalated to me, funds would have been found either from within the positive financial position of the Department, or through the Cabinet approval process.

Question 42: Were any new services established in Queensland immediately following/in the course of the closure of BAC?

143 In relation to question 42, a range of new services were provided following the closure of the Barrett Centre, as set out in paragraph 67 above.

Question 43: Outline and elaborate upon any other information and knowledge (and the source of that knowledge) the Minster has relevant to the Commission's Terms of Reference.

144 In relation to question 43, I am not aware of any further information or knowledge that I have that is relevant to the Commission's Terms of Reference.

[redacted]

Deponent

[redacted]

Taken by:
Solicitor/~~Justice of the Peace/Commissioner for Declarations~~

TABLE OF EXHIBITS TO THE AFFIDAVIT OF LAWRENCE JAMES SPRINGBORG

Number	Description	Date	Page
LJS-1	Charter letter	10.04.2012	1 – 3
LJS-2	Briefing note to the Director-General (for approval) with the subject '*Cessation of the Redlands Adolescent Extended Treatment Unit Capital Program*'	03.05.2012	4 – 7
LJS-3	Briefing note to the Minister (for approval) with the subject '*12 Rural Infrastructure Projects*'	28.08.2012	8 – 12
LJS-4	Briefing note to the Director-General (for noting) with the subject '*Meeting between the Minister and the Chair, West Moreton Hospital and Health Board*'	07.12.2012	13 – 15
LJS-5	Briefing note to the Minister (for noting) with the subject '*Barrett Adolescent Strategy Meeting*'	08.07.2013	16 – 27
LJS-6	Document entitled "*Meeting with Dr Mary Corbett and Leslie Dwyer WMHHB re Barrett Adolescent Centre + Neil*".	15.07.2013	28
LJS-7	Media release of West Moreton and Children's Health Queensland entitled '*Statewide focus on adolescent mental health*'	06.08.2013	29
LJS-8	Briefing note to the Minister (for noting) with the subject '*Update on the Barrett Adolescent Centre*'	20.02.2014	30 – 33
LJS-9	Briefing note to the Minister (for noting) with the subject '*Realignment of the Barrett Adolescent Services and status of new community based adolescent mental health services*'	28.03.2014	34 – 37
LJS-10	Briefing note requested by the Minister's office	16.09.2014	38 – 39
LJS-11	Expert Clinical Reference Group Recommendations – Barrett Adolescent Strategy	July 2013	40 – 46
LJS-12	Email to Mark Wood with attachment	15.07.2013	47 – 60
LJS-13	Briefing note to the Minister (for noting) with the subject [redacted]	16.09.2013	61 – 64

12 APR 2012

Premier of Queensland

Executive Building
100 George Street Brisbane
PO Box 15185 City East
Queensland 4002 Australia
Telephone +
Facsimile +
Email
Website www.thepremier.qld.gov.au

10 April 2012

The Honourable Lawrence Springborg MP
Minister for Health
Level 19, State Health Building
147-163 Charlotte Street
BRISBANE QLD 4000

Dear Minister

Ministerial Deliverables

Congratulations on your success in the electorate of Southern Downs and thank you for accepting my invitation to serve Queensland as the Minister for Health.

Our electoral success was achieved with a strong cohesive *CanDo* team committed to real change, and your contribution to the team played a significant part. Queenslanders have voted for change, and it is critical that we respect the trust bestowed on us by delivering on our commitments to grow a four pillar economy, lower the cost of living by cutting waste, deliver better infrastructure and better planning, revitalise front line services for families, restore accountability in Government and work towards our goal of achieving 4% unemployment in six years.

For this reason, I am writing to each Minister outlining my expectations of the priority tasks to be achieved to deliver on our election commitments. You and your Department have a vital role to play in the reform program, as reflected in the following tasks for which I am requesting you to take responsibility.

I expect that at all times Ministers will demonstrate to the public the capabilities and behaviours that will define us as the Government we undertook to be – united, energetic, disciplined and ethical. I refer you to the Queensland Cabinet Handbook, the Queensland Ministerial Handbook, the Queensland Executive Council Handbook, the Queensland Parliamentary Procedures Handbook and the Queensland Legislation Handbook.

Contribution to the 100 Day Plan

The following are the specific tasks relevant to your portfolio which you need to achieve in the first 100 days of Government.

- Restart negotiations for a new nurse and midwife enterprise bargaining agreement
- Start a full audit of the health payroll system to determine current errors.
- Begin planning to establish the LNP's Maternal and Child Health Service.

First Term Tasks

In addition to these early milestones, the following tasks within your area of Ministerial responsibility are to be achieved within the first term of Government.

- Implement all LNP election policy commitments relevant to your portfolio.

Queensland Government

- Identify wasteful expenditure that could be redirected to front line services.
- Deliver on the LNP election policies of *Better Access to Emergency Care, Better Access to Specialist Care, Giving Mums and Bubs the Best Start, Health: Building Better Services, Boosting the Patient Travel Subsidy Scheme, Delivering for North Queensland – Children's Health, Strengthening Queensland's Tropical Health Defences, Cairns Base Hospital – On the Path to Tier One, Building the Sunshine Coast University Hospital.*
- Chart a clear plan to restore confidence in the health payroll, including all relevant future costs.
- Focus on planning future health services according to population growth, demographics and the health needs of Queenslanders.
- Identify wasteful expenditure that can be redirected to frontline services.
- Ensure there are rigorous checks and balances on all Departmental spending.
- Provide direction to the Health Department that it will not be separated as was announced by the previous Government but will remain as one entity.
- Establish a strategy and plan to address budget deficits within the Health Department.
- Progress our key Health reforms including Local Hospital Boards, and working to change the funding model through COAG.
- Take necessary steps toward implementing National Health reform arrangements by 1 July 2012.
- Make key decisions in relation to the Queensland Mental Health Commission, and deliver improved access to services for Queenslanders suffering from mental health issues. Work with the Minister for Communities, Child Safety and Disability Services where appropriate.
- Consult with the Department on the progress of the Queensland Children's Hospital, and undertake an independent review of the Royal Children's Hospital.
- Cut waste in ICT, in particular relating to IeMR contract signed prior to caretaker arrangements.
- Implement the LNP's election commitment to cut waste by reducing travel, advertising and consultancy expenditure.
- Implement the LNP's election commitment for sustainable public sector growth.
- Implement the LNP's election commitment to reduce red tape.
- Continue to establish effective working relationships with stakeholders and other interest groups relevant to your portfolio areas.

It is no secret that the delivery of proper Health services in Queensland has become a basket case after 20 years of Labor. This will be an extremely challenging portfolio, but also one that will be absolutely vital to the future of Queensland. Your leadership and strong performance in this portfolio will be essential to our plan to restore frontline services and get Queensland back on track.

Could you please consult with your Director-General to ensure these goals are understood by the Department and that systems are in place to monitor and report on progress towards their achievement, so that you are able to update Cabinet regularly. In this regard, the Department

of Premier and Cabinet will be responsible for coordinating reports to Cabinet on progress, and will assist your Department with proposed reporting formats.

I intend to review this charter and your efforts to implement it regularly.

Finally, I congratulate you again on your appointment and I look forward to working closely with you as a Ministerial colleague as we implement our policies and achieve the goal of providing a CanDo Government to get Queensland back on track.

Yours sincerely

CAMPBELL NEWMAN
PREMIER OF QUEENSLAND

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

Briefing Note for Approval
Director-General

Requested by: Chief Health Officer Date requested: 3 May 2012 Action required by:

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

Proposal
That the Director-General:

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

Provide this brief to the Minister for noting.

Urgency

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

Headline Issues

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

Key Values
3. The key values that apply are the following:

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

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Key issues

4. In 2011, $73.5 million in Commonwealth infrastructure funding was announced for eight mental health projects for 134 new mental health beds in regional areas of Queensland, under the HHF including:

    1. **$40.4 million for 69 regional mental health CCU beds** including: 20 bed CCU at Bundaberg; 20 bed CCU at Rockhampton; 24 bed CCU at Toowoomba; and 15 bed CCU at the Sunshine Coast; and

    2. **$33.1 million for 46 beds in regional acute/sub-acute/extended inpatient mental health services** including: 16 older persons extended treatment beds at Toowoomba; eight older persons subacute beds at Maryborough (as part of a 17 bed unit which includes nine acute beds); four bed adult acute unit at Bundaberg; and an 18 bed adult acute unit at Hervey Bay.

5. The HHF projects are complimentary to, but also essential components of, the continuum of care required in a balanced integrated care system. These will expand on the investment in Stage 1 of the QPMH and increase the capacity of the relevant Local Health and Hospital Networks to provide appropriate mental health services, including rehabilitation services, to consumers in regional and remote Queensland.

4. Information and Communication Technology (ICT) costs estimated at $2.5 million were not included in the HHF funding, and the indicative costing for the Bundaberg project included in the HHF applications for land purchase was underestimated by approximately $0.6 million.

5. It is proposed to fund the shortfall (estimated at $3.1 million) of the high priority HHF projects through cost savings resulting from the cessation of the 15-bed RAETU (funded under Stage 1 of the QPMH).

Background

6. The RAETU is one of the 17 projects funded under Stage 1 of the Queensland Mental Health Capital Works Program, and is Intended to replace the Barrett Adolescent Centre, which is currently located at The Park Centre for Mental health (The Park).

7. Ceasing the 15-bed RAETU capital program will necessitate a review of the existing adolescent centre at The Park, and should give consideration to the benefits and disadvantages of this model of care. Limited sector consultation supports this review.

Consultation

8. Consultation regarding this Brief has included Health Planning and Infrastructure Division, Queensland Health (QH); limited consultation within the mental health sector; and the Intergovernmental Funding and Policy Coordination Unit, Strategic Policy, Funding and Intergovernmental Relations Branch, QH.

9. Further consultation will be conducted upon approval to proceed.

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Financial implications

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

Legal implications

11. There are no legal implications.

Attachments

12. Nil.

Minister's Office RecFind No:	
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File Ref No:	

Recommendation
That the Director-General:

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

Provide this brief to the Minister for noting.

APPROVED/NOT APPROVED NOTED

[redacted]

DR TONY O'CONNELL
Director-General

16 / 5 / 12

To Minister's Office for Approval ☑

Director-General's comments

Author:	Cleared by:	Content verified by:
Dr Leanne Geppert	Dr William Kingswell	Dr Jeanette Young
A/Director	Executive Director	Chief Health Officer
MHPIU, MHAODD	MHAODD	Division of the Chief Health Officer
[redacted]	[redacted]	[redacted]
4 May 2012	4 May 2012	12 May 2012

EXHIBIT 120

LJS-3

Minister's Office RecFind No:	
Department RecFind No:	BR054989
Division/District:	HPID/SSS
File Ref No:	HPID02710

Briefing Note for Approval

BR054989

The Honourable Lawrence Springborg MP
Minister for Health

17 AUG 2012

Requested by: Vaun Peate, Office of the Minister for Health / SDLO | Date requested: 10 August 2012 | Action required by: 17 August 2012

SUBJECT: 12 Rural Infrastructure Projects

Recommendation

That the Minister:

Approve the planned strategy for the targeted rectification of the prioritised infrastructure issues and subsequent planning for 12 rural hospitals.

Note the recommended $41 million funding strategy for 2012-2013 for the rural infrastructure rectifications from the Capital Program, of:

- Cessation of the Sunshine Coast Health Precinct and Caboolture Health Precinct projects;
- Cessation of the Replacement Adolescent Extended Treatment Unit, Redlands project;
- Deferral of the Townsville Medium Secure Rehabilitation Unit refurbishment project until 2013-2014.

Note that a further $10.58 million is being allocated from "Closing the Gap" funding.

Note consultation will occur following approval of the recommended funding strategy.

Note that the 2010 planning at 12 rural hospitals identified infrastructure issues.

Note that the funding strategy identified within existing capital program with minimum expenditure for targeted prioritised infrastructure rectification to improve safety and functionality in the short term.

Note that detailed planning will follow for medium and longer term solutions.

Note that the funding strategy relates to cessation and/or deferral of projects for replacement/collocation of existing services and not service expansion.

APPROVED/NOT APPROVED

LAWRENCE SPRINGBORG
Minister for Health

28 / 8 / 12

NOTED

Chief of Staff

27 / 08 / 12

NOTED

Minister's comments

16 AUG 2012

Minister's Office RecFind No:	
Department RecFind No:	BR054989
Division/District:	HPID/SSS
File Ref No:	HPID02710

URGENT

Briefing Note for Approval
Director-General

Requested by: Vaun Peate, Office of the Minister for Health / SDLO Date requested: 10 August 2012 Action required by: 17 August 2012

SUBJECT: 12 Rural Infrastructure Projects

Proposal
That the Director-General:

Note the planned strategy for the targeted rectification of the prioritised infrastructure issues and subsequent planning for 12 rural hospitals.

Note the recommended $41 million funding strategy for 2012-2013 for the rural infrastructure rectifications from the Capital Program, of:
- Cessation of the Sunshine Coast Health Precinct and Caboolture Health Precinct projects;
- Cessation of the Replacement Adolescent Extended Treatment Unit, Redlands project;
- Deferral of the Townsville Medium Secure Rehabilitation Unit refurbishment project until 2013-2014.

Note that a further $10.58 million is being allocated from "Closing the Gap" funding.

Note consultation will occur following approval of the recommended funding strategy.

Provide this brief to the Minister for approval.

Urgency
1. Urgent - as proposed announcement by the Minister on 19 August 2012.

Headline Issues
2. The top issues are:
   - 2010 planning at 12 rural hospitals identified infrastructure issues.
   - Funding strategy identified within existing capital program with minimum expenditure for targeted prioritised infrastructure rectification to improve safety and functionality in the short term.
   - Detailed planning will follow for medium and longer term solutions.
   - Funding strategy relates to cessation and/or deferral of projects for replacement/collocation of existing services and not service expansion.

Key Values
3. The key values that apply are the following:

☒ Better service for patients
☐ Better healthcare in the community
☐ Valuing our employees and empowering its frontline staff
☒ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

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Key issues

4. As part of the Preliminary Evaluation for the 12 rural hospitals, an options analysis was undertaken with a focus on meeting their identified service profiles. Using the endorsed service profiles, the following three infrastructure options with associated costs for 2010 (Attachment 1) were developed for each hospital:
    - option 1 – status quo, current health service arrangements and minimal construction work for identified infrastructure risks for continuity of existing services;
    - option 2 – refurbishment or expansion at the existing site; or
    - option 3 – significant redevelopment.

5. An analysis of these options was then undertaken against pre-determined criteria with focus on the service profile. The preferred option for all sites in the medium to long term is Option 2 or Option 3 (Attachment 1).

6. Due to the required time for detailed planning and further consultation including with the Hospital and Health Services (HHS), plus ensuring value for money for any initial funds spent on identified infrastructure issues, planning has progressed around the prioritised requirements based from Option 1. This includes:
    - identification of work completed as identified in Option 1 (Attachment 2)
    - identification of other recently identified infrastructure issues (Attachment 2)
    - development of a list of high priorities for each site to ensure infrastructure is functional and continues to operate safely in the short term (one to three years) until planning and consultation progressed for medium to longer term options (Attachment 3).
    - expenditure following 2012-2013 for rectifications, and cost estimates for the medium to long term solutions of capital redevelopments (Attachment 3).

7. An initial low confidence cost estimate of $51.58 million has been identified for expenditure this financial year. Following further scope finalisation and engineering assessments, there may be variations between the costs at each of the 12 sites.

8. Rectification works are targeted to the higher risk areas of the relevant building codes, for example, fire safety, electrical; and to ensure value for money, for example, replace the unsafe parts of a roof and not total roof when the building may need to be replaced in the medium to long term.

Background

9. Service profiles and infrastructure plans were prepared for the 12 sites (Atherton, Ayr, Biloela, Charleville, Charters Towers, Emerald, Kingaroy, Longreach, Mareeba, Roma, Thursday Island, Sarina) which informed the development of the Preliminary Evaluation, with all completed in 2010 (Attachment 4 BR054344 Service and Infrastructure Planning for Rural and Remote Areas).

10. The current identified capital savings totalling $63.2 million as outlined in the July 2012 Cabinet Budget Review Submission is documented in Attachment 5.

11. In addition to the $63.2 million capital savings, further potential capital savings have been identified totalling $41 million (Attachment 6).

12. These $14 million savings for 2012-2012 relate to cessation or deferral of projects for replacement/collocation of existing services and not service expansion.

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Consultation

13. Some consultation has occurred with the relevant Hospital and Health Services to identify current critical infrastructure issues.

14. Dr Bill Kingswell, Executive Director – Mental Health, Alcohol and other Drugs recommended the cessation of the replacement Adolescent Extended Treatment Unit at Redlands, plus has no objection to the deferral until 2013-2014 of the Townsville Medium Secure Rehabilitation Unit refurbishment project.

Attachments

15. Attachment 1: Recommended Option & Costs
    Attachment 2: Option 1 Completed work
    Attachment 3: Rural Sites Planning including priorities
    Attachment 4: BR054344 Service and Infrastructure Planning for Rural and Remote Areas
    Attachment 5: $63.2 million Capital Savings
    Attachment 6: $41 million Proposed Capital Savings.

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Recommendation
That the Director-General:

Note the planned strategy for the targeted rectification of the prioritised infrastructure issues and subsequent planning for 12 rural hospitals.

Note the recommended $41 million funding strategy for 2012-2013 for the rural infrastructure rectifications from the Capital Program, of:

- Cessation of the Sunshine Coast Health Precinct and Caboolture Health Precinct projects;
- Cessation of the Replacement Adolescent Extended Treatment Unit, Redlands project;
- Deferral of the Townsville Medium Secure Rehabilitation Unit refurbishment project until 2013-2014.

Note that a further $10.58 million is being allocated from "Closing the Gap" funding.

Note consultation will occur following approval of the recommended funding strategy.

Provide this brief to the Minister for approval.

APPROVED/NOT APPROVED NOTED

[redacted]

~~DR TONY O'CONNELL~~
Director-General

17 / 8 / 12

To Minister's Office for Approval ☒
Director-General's comments for Noting ☐

Author	Content verified by: (CEO/DDG/Div Head)
Rosemary Hood	Glenn Rashleigh
Director	Chief Health Infrastructure Officer
Health Infrastructure Office	Health Infrastructure Office
[redacted]	[redacted]
14 August 2012	14 August 2012

Department RecFind No:	
Division/District:	West Moreton Hospital & Health Service
File Ref No:	

Briefing Note for Noting
Director-General

Requested by: Chief Executive, WMHHS Date requested: 7 December 2012 Action required by: 14 December 2012

SUBJECT: Meeting between the Minister and the Chair, West Moreton Hospital and Health Board

Proposal
That the Director-General:

Note the contents of this brief.
And
Provide this brief to the Minister for information.

Urgency
1. Urgent as meeting is on Friday, 14 December 2012.

Headline Issues
2. The top issues are:
   - A meeting between the Minister, the Chair of West Moreton Hospital and Health Board, Chief Executive West Moreton Hospital and Health Service (WMHHS) and Executive Director Mental Health and Specialised Services (MH&SS) is scheduled for 14 December 2012.
   - It is intended to brief the Minister on the proposed changes to and current significant issues in the MH&SS, WMHHS.

Key issues
3. A Business Case for Change has been developed and identifies a revised overarching organisational structure to promote the delivery of contemporary mental health and offender health services in WMHHS.
4. In realising the efficient use of affordable resources, there will be an impact on some existing roles and responsibilities and some current systems and processes across the whole of the MH&SS.
5. In addition to the impact of the Business Case for Change, there are a number of concurrent issues impacting on the MH&SS, such as the future model of care to replace services provided by Barrett Adolescent Centre, revised processes for Limited Community Treatment, the future commissioning of Extended Forensic Treatment and Rehabilitation beds and increasing Own Source Revenue for WMHHS through accommodation fees.

Background
6. Historically, the mental health services within West Moreton Hospital and Health Service have functioned, been managed and resourced as distinct separate services.
7. A disconnect currently exists between service components requiring the need for a strong integrated leadership and structure.
8. Additionally, there is an opportunity to reduce duplication across service components, increase provision of high quality, safe and responsive services which reflect contemporary models of care.

Attachment 1
- Proposed topic overview for the meeting between Minister for Health and West Moreton Hospital and Health Service.

Department RecFind No:	
Division/District:	West Moreton Hospital & Health Service
File Ref No:	

Recommendation
That the Director-General:

Note the contents of this brief.
And
Provide this brief to the Minister for information.

APPROVED/NOT APPROVED NOTED

DR TONY O'CONNELL
Director-General

/ /

To Minister's Office For Noting

Director-General's comments

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Chris Thorburn	Sharon Kelly	Lesley Dwyer
Director Service Redesign, Mental Health and Specialised Services	Executive Director, Mental Health and Specialised Services	Chief Executive
West Moreton HHS	West Moreton HHS	West Moreton HHS
7 December 2012	11 December 2012	11 December 2012

Attachment 1: Proposed topic overview for the meeting between Minister for Health and West Moreton Hospital and Health Service

- Service Redesign – Business Case for Change
- Leave for special notification forensic patients (SNFP) – revised processes
- Incident/Issues Communications in MH&SS – revised processes
- Barrett Adolescent Centre (BAC) – project plan, planning group & expert clinical reference group
- Extended Forensic Treatment and Rehabilitation Service (EFTRU) new 20 bed unit - opening in early 2013
- Accommodation fees for consumers at The Park-Centre for Mental Health – increasing own source revenue

LJS-5

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2.038

BR057157

Department RecFind No:	BR057157
Division/HHS:	MD09
File Ref No:	MD0920130151

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service

Date requested: 8 July 2013

Action required by: 15 July 2013

SUBJECT: Barrett Adolescent Strategy Meeting

Recommendation
That the Minister:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013, with the West Moreton Board Chair, Chief Executive, and Executive Director of Mental Health, to discuss the next stages of the Barrett Adolescent Strategy.

Note The *West Moreton Board considered the recommendations of the Expert Clinical* Reference Group, on 24 May 2013, and approved the closure of the Barrett Adolescent Centre dependent on alternative, appropriate care provisions for the adolescent target group and the meeting with the Minister for Health.

Note There is significant patient/carer, community, mental health sector and media interest about a timely decision regarding the future of the Barrett Adolescent Centre. A comprehensive communication plan has been developed.

Note Consultation about the proposed next stages of the Strategy has been limited to Commissioner for Mental Health, Children's Health Services and Department of Health.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health

[redacted]
Chief of Staff
31/7/13

/ /

Minister's comments

Briefing note rating

1 2 3 4 5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
Please Note: All ratings will be recorded and will be used to inform executive performance.

URGENT

Department RecFind No:	BR057157
Division/HHS:	MD09
File Ref No:	MD0920130151

Briefing Note for Noting

Director-General

12 JUL 2013

Requested by: Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service

Date requested: 8 July 2013

Action required by: 15 July 2013

SUBJECT: Barrett Adolescent Strategy Meeting

Proposal

That the Director-General:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013, between the Minister for Health, Dr Mary Corbett, Chair, West Moreton, HHB, Lesley Dwyer, Chief Executive, West Moreton, HHS, and Sharon Kelly, Executive Director, Mental Health and Specialised Services, West Moreton, HHS, to discuss the next stages of the Barrett Adolescent Strategy.

Provide this brief to the Minister for information.

Urgency

1. **Urgent** - There is growing concern amongst stakeholders of the Barrett Adolescent Strategy, including patients and carers, to receive communication about the future of the Barrett Adolescent Centre (BAC).

Headline Issues

2. The top issues are:
   - The West Moreton Hospital and Health Board considered the recommendations of the Expert Clinical Reference Group on 24 May 2013.
   - West Moreton Hospital and Health Board approved the closure of BAC dependent on alternative, appropriate care provisions for the adolescent target group and the meeting with the Minister for Health.

Blueprint

3. How does this align with the *Blueprint for Better Healthcare in Queensland*?
   - providing Queenslanders with value in health services – value for taxpayers money; and
   - better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

Key issues

4. There is significant patient/carer, community, mental health sector and media interest about a decision regarding the future of the BAC.

5. A comprehensive communication plan has been developed.

6. The Department of Health is urgently progressing planning for Youth Prevention and Recovery Care (Y-PARC) services to be established in Queensland by January 2014. This service type would provide an alternative care option for the adolescent target group currently accessing BAC.

Background

7. BAC is a 15-bed inpatient service for adolescent mental health extended treatment and rehabilitation that is located at The Park – Centre for Mental Health (the Park).

Department RecFind No:	**BR057157**
Division/HHS:	**MD09**
File Ref No:	**MD0920130151**

8. The BAC cannot continue to provide services due to the Park becoming an adult secure and forensic campus by 2014, and because the capital fabric of BAC is no longer fit for purpose. Alternative statewide service options are required.

Consultation

9. Consultation about the proposed next stages of the Strategy and board decision for closure has been limited to Dr Peter Steer, Children's Health Services; and Dr Tony O'Connell, Director-General, Dr Michael Cleary, and Dr Bill Kingswell, Health Services and Clinical Innovation, Department of Health.

10. A short verbal briefing has been provided to the Queensland Commissioner for Mental Health, Dr Lesley van Schoubroeck.

11. Agreement has been reached that the Strategy will be finalised through a partnership between West Moreton HHS, Children's Health Services, and the Department of Health.

Attachments

12. Attachment 1: Agenda Barrett Adolescent Strategy.
    Attachment 2: Issues and Incident Management Plan BAC.

Department RecFind No:	**BR057157**
Division/HHS:	**MD09**
File Ref No:	**MD0920130151**

Recommendation
That the Director-General:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013, between the Minister for Health, Dr Mary Corbett, Chair, West Moreton, HHB, Lesley Dwyer, Chief Executive, West Moreton, HHS, and Sharon Kelly, Executive Director, Mental Health and Specialised Services, West Moreton, HHS, to discuss the next stages of the Barrett Adolescent Strategy.

Provide this brief to the Minister for information.

APPROVED/NOT APPROVED NOTED

[redacted]

DR TONY O'CONNELL
Director-General

15/7/13

To Minister's Office For Noting ☑

Director-General's comments

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Dr Leanne Geppert	Sharon Kelly	Lesley Dwyer
A/Director of Strategy	Executive Director	Chief Executive
Mental Health & Specialised Services, WM HHS	Mental Health & Specialised Services, WM HHS	West Moreton HHS
[redacted]	[redacted]	[redacted]
8 July 2013	11 July 2013	12 July 2013

Queensland Government
Barrett Adolescent Strategy
Expert Clinical Reference Group

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

Preamble

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

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

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

Between 1 December 2012 and 24 April 2013 the ECRG met regularly to define the target group and their needs, conduct a service gap analysis, consider community and sector feedback, and review a range of contemporary, evidence-based models of care and service types. This included the potential for an expanded range of day programs across Queensland and community mental health service models delivered by non-government and/or private service providers. The ECRG

have considered evidence and data from the field, national and international benchmarks, clinical expertise and experience, and consumer and carer feedback to develop a service model elements document for Adolescent Extended Treatment and Rehabilitation Services in Queensland. This elements document *is not a model of service* – it is a conceptual document that delineates the key components of a service continuum type for the identified target group. As a service model elements document, it will not define how the key components will function at a service delivery level, and does not incorporate funding and implementation planning processes.

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

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

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

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

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

Queensland Government
Barrett Adolescent Strategy
Expert Clinical Reference Group

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

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

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

Recommendations:

a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.

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

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

- It is understood that the combination of day program care, residential community-based care and acute inpatient care has been identified as a potential alternative to the current BAC or the proposed Tier 3 in the following service model elements document.
- From the perspective of the ECRG, Tier 3 is an essential component of the overall concept, as there is a small group of young people whose needs cannot be safely and effectively met through alternative service types (as represented by Tiers 1 and 2).
- The target group is characterised by severity and persistence of illness, very limited or absent community supports and engagement, and significant risk to self and/or others. Managing these young people in acute inpatient units does not meet their clinical, therapeutic or rehabilitation needs.
- The risk of institutionalisation is considered greater if the young person receives medium-term care in an acute unit (versus a design-specific extended care unit).
- Clinical experience shows that prolonged admissions of such young people to acute units can have an adverse impact on other young people admitted for acute treatment.
- Managing this target group predominantly in the community is associated with complexities of risk to self and others, and also the risk of disengaging from therapeutic services.

Queensland Government
Barrett Adolescent Strategy
Expert Clinical Reference Group

Recommendation:

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

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

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

Recommendations:

a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.

b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.

c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.

4. Duration of treatment

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

Recommendation:

a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a

suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.

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

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

Recommendations:

a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.

b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).

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

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

Queensland Government
Barrett Adolescent Strategy
Expert Clinical Reference Group

Recommendations:

a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.

b) Governance should remain with the local CYMHS or treating mental health team.

c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.

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

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

Recommendations:

a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.

b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.

Issues synopsis

SITUATION ANALYSIS:

- Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders.
- As part of the Queensland Plan for Mental Health 2007-2017, a capital allocation had been approved to rebuild BAC in a new location as:
    - The capital fabric of BAC is no longer able to meet the requirements of a contemporary model of care for adolescent extended treatment and rehabilitation; and
    - In the future, the Park will become exclusively a secure and forensic mental health facility..
- It was planned to build the Adolescent Extended Treatment and Rehabilitation Unit Redlands, adjacent to the Redlands Hospital. It was to be commissioned in 2014. Due to environmental and other issues, the Project could not proceed and has now ceased.
- The capital allocation previously attached to the rebuild has been reallocated to other capital priorities and capital funding is no longer available for a rebuild of BAC.
- It has become imperative that:
    - alternative contemporary service options be identified to replace the services currently provided by BAC; and
    - an implementation plan be developed to achieve these outcomes.

MEDIA PROGNOSIS

- This issue has already attracted significant negative media attention and will continue to do so for some time.
- There is a perception that adolescents requiring longer term mental health inpatient treatment will no longer be able to access that type of treatment. There is also a perception by some that any model other than BAC would be sub-standard.
- To reassure the community it is necessary to reiterate that care for these adolescents will continue, and that any service options put forward will be based on best practice and will provide patients with the highest quality care that is appropriate to their individual needs.

MAJOR ISSUES AND RESPONSES / FAQs

Has the expert clinical reference group made any recommendations?
The expert clinical reference group met for the last time on 24 April 2013, and submitted their seven recommendations to the overarching Planning Group. These recommendations identified the key components and considerations for how Queensland can best meet the mental health needs of

CURRENT STATUS

Media is aware of an impending decision regarding the future of Barrett Adolescent Centre.

KEY MESSAGES

- Adolescents requiring longer term mental health treatment will continue to receive the high quality of care suited to their individual needs.
- BAC will close at end of December 2013 when alternate service options will become available.
- The Park is secure and forensic adult mental health facility. As part of The Park, this means BAC is not an appropriate environment for the treatment of adolescents.

RECOMMENDED APPROACH

- Media holding statement in the first instance
- Media statement announcing decision
- Media statements – progress updates
- FAQs
- Letters to stakeholders
- Standard Ministerial response

LJS-6

Jo Toghill

Subject:	Meeting with Dr Mary Corbett and Lesley Dwyer WMHHB re Barratt Adolescent Centre + Neil
Location:	Minister's Office
Start:	Mon 15/07/2013 4:00 PM
End:	Mon 15/07/2013 4:30 PM
Recurrence:	(none)
Meeting Status:	Not yet responded
Organizer:	Lawrence Springborg

West Moreton Hospital and Health Service
Children's Health Queensland Hospital and Health Service

Media Statement

Queensland Government

6 August 2013

Statewide focus on adolescent mental health

Statewide governance around mental health extended treatment and rehabilitation for adolescents will be moving to Children's Health Queensland.

West Moreton Hospital and Health Service Chief Executive Lesley Dwyer and Children's Health Queensland Chief Executive Dr Peter Steer today said adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

Ms Dwyer said the young people who were receiving care from Barrett Adolescent Centre at that time, would be supported to transition to other contemporary care options that best meet their individual needs.

She said West Moreton Hospital and Health Service had heard the voices of staff, consumers and their families, and engaged an expert clinical reference group over the past eight months.

"After taking into consideration the recommendations of the expert clinical reference group and a range of other key issues in national and state mental health service delivery, the West Moreton Hospital and Health Board determined that the Barrett Adolescent Centre is no longer an appropriate model of care for these young people," Ms Dwyer said.

"The board also determined that a number of alternative models will be explored over the coming months under the leadership of Children's Health Queensland.

"It is important to put the safety and individual mental health needs of these adolescents first by providing the most contemporary care options available to us in the most suitable environment.

"It is time for a new statewide model of care. We are also striving to provide services closer to home for these young people, so they can be nearer to their families and social networks," Ms Dwyer said.

Dr Steer said as part of its statewide role to provide healthcare for Queensland's children, Children's Health Queensland would provide the governance for any new model of care.

BR058395

Department RecFind No:	BR058395
Division/HHS:	WMHHS
File Ref No:	MD0920140043

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Chief Executive, West Moreton Hospital and Health Service

Action required by: 29 January 2014

SUBJECT: Update on the Barrett Adolescent Centre

Recommendation

That the Minister:

Note that all inpatients and day patients of Barrett Adolescent Centre (BAC), West Moreton Hospital and Health Service (HHS) have been discharged to appropriate care options as of 24 January 2014.

Note The BAC service will remain open with reduced clinical staff for a period of time whilst they continue transitional support to all receiving services and finalise business requirements. Once transition processes are completed a formal joint announcement between West Moreton HHS and Children's Health Queensland will be made that the service has been closed and new service model announced.

~~APPROVED/NOT APPROVED~~ NOTED

[redacted]

LAWRENCE SPRINGBORG
Minister for Health

20 / 2 / 14

NOTED

[redacted]

Chief of Staff

16 / 02 / 14

Minister's comments

Please liaise with my office. Before the announcement is made.

M.N

Briefing note rating

1 2 3 4 5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
Please Note: All ratings will be recorded and will be used to inform executive performance.

24 JAN 2014

Department RecFind No:	BR058395
Division/HHS:	WMHHS
File Ref No:	MD0920140043

Briefing Note for Noting

Director-General

Requested by: Chief Executive, West Moreton Hospital and Health Service

Action required by: 24 January 2014

SUBJECT: Update on the Barrett Adolescent Centre – closure of inpatient unit

Proposal

That the Director-General:

Note the current status of consumers and the changing clinical environment at the Barrett Adolescent Centre (BAC).

Provide this brief to the Minister for information.

Urgency

1. **Urgent** – BAC is now in final stages of closure as an inpatient service and all remaining inpatients have been discharged to alternate care options from Friday 24 January 2014.

Headline Issues

2. The top issues are:
   - All remaining BAC consumers have been discharged to appropriate care options. The BAC service will remain open with reduced clinical staff for a period of time while they continue transitional support to all receiving services and finalise business requirements.

Blueprint How does this align with the Blueprint for Better Healthcare in Queensland?

- Providing Queenslanders with value in health services – value for taxpayers' money.
- Better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

Key issues

1. All BAC inpatients have been discharged and transitioned to appropriate care options. The remaining [redacted] inpatients were transitioned this week:
2. [redacted]
3. [redacted]
4. [redacted]
5. The holiday program at BAC in partnership with Aftercare finished on 23 January 2014. Overall, there was good engagement from the young people in the program. All remaining day patients were discharged on 23 January 2013 to appropriate mental health care providers.
6. West Moreton and Children's Health Queensland (CHQ) are currently preparing a joint statement about the closure of BAC and announcement about the future models of care.

Department RecFind No:	BR058395
Division/HHS:	WMHHS
File Ref No:	MD0920140043

Background

7. In August 2013, the Minister for Health announced that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. CHQ is responsible for the governance of the new service options to be implemented as part of its statewide role in providing healthcare for Queensland's children.
8. The Minister for Health and West Moreton HHS Board gave a public commitment to ongoing provision of safe and comprehensive clinical care for BAC consumers during the transition to the new statewide adolescent extended treatment and rehabilitation services.
9. Regular contact has been provided with the parents/carers of BAC consumers by the BAC clinical team and executive staff of West Moreton. This is being managed through personal emails, phone calls and ongoing BAC Fast Fact Sheets.

Consultation

10. Dr Elisabeth Hoehn, A/Clinical Director, CHQ HHS.
11. Dr Anne Brennan, A/Clinical Director, BAC, West Moreton HHS.
12. Dr Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch.

Attachments Nil.

Recommendation

That the Director-General:

Note the current status of consumers and at the Barrett Adolescent Centre (BAC).

Provide this brief to the Minister for information.

Department RecFind No:	BR058395
Division/HHS:	WMHHS
File Ref No:	MD0920140043

APPROVED/NOT APPROVED NOTED

[redacted]

IAN MAYNARD
Director-General

29/ JAN 2014

To Minister's Office For Noting

Director-General's comments

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
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Project Officer	Executive Director	Chief Executive
Mental Health and Specialised Services West Moreton Hospital and Health Service	Mental Health and Specialised Services West Moreton Hospital and Health Service	West Moreton Hospital and Health Service
[redacted]	[redacted]	[redacted]
23 January 2014	23 January 2014	24 January 2014

LJS-9

Department RecFind No:	BR058496
Division/HHS:	CHQHHS WMHHS
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

BR058496

27 MAR 2014

Requested by: Chief Executives,
Children's Health Queensland and West
Moreton Hospital and Health Services

Action required by:

SUBJECT: **Realignment of the Barrett Adolescent Services and status of new community based adolescent mental health services**

Recommendation
That the Minister:

Note that all inpatients and day patients of Barrett Adolescent Centre (BAC), West Moreton Hospital and Health Service (HHS) have been discharged to appropriate care options.
Note the realignment of the Barrett Adolescent Centre on 31 January 2014.
Note the status of the new adolescent mental health extended treatment and rehabilitation services being established:

1. A 5-bed Residential Rehabilitation Unit at Greenslopes.
2. From early February, the Mater Hospital will provide interim subacute inpatient beds until new funding is sourced for a longer term bed-based option in the Lady Cilento Children's Hospital.
3. Recruitment processes for a Statewide Panel, six Assertive Mobile Outreach Service (AMYOS) Teams, and two Psychiatrists are under way, with the first appointments being made from March. The AMYOS Teams will be located in north Brisbane, south Brisbane, Townsville, Darling Downs, Gold Coast, and Redcliffe/Caboolture.
4. A new Day Program Unit will be established in north Brisbane by June 2014. This will be in addition to existing Day Program Units located at the Mater Hospital, Toowoomba, and Townsville.
5. Further investigation being conducted into an opportunity to construct a new Step Up/Step Down Unit in Cairns utilising funding identified by the Mental Health, Alcohol and Other Drugs Branch.

Note the first phase of service implementation will utilise existing recurrent funding from the BAC and the ceased Redlands Project. Implementation of the full proposed model of care is dependent upon new operational and capital funding. A business case seeking recurrent funding for service implementation over a four year timeframe will be submitted.

~~APPROVED/NOT APPROVED~~ NOTED NOTED

[redacted]

LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

28 / 3 / 14 / /

Minister's comments

Briefing note rating

1 2 3 4 5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
Please Note: All ratings will be recorded and will be used to inform executive performance.

24 MAR 2014

Department RecFind No:	BR058496
Division/HHS:	CHQHHS WMHHS
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Chief Executives,
Children's Health Queensland and West
Moreton Hospital and Health Services

Action required by:

SUBJECT: **Realignment of the Barrett Adolescent Services and status of new community based adolescent mental health services**

Proposal

That the Director-General:

Note the realignment of the Barrett Adolescent Centre (BAC).
Note the status of the new adolescent mental health extended treatment and rehabilitation services.
Provide this brief to the Minister for information.

Urgency

1. **Urgent** – to provide the Minister with an update on the realignment of the BAC and the current status of the adolescent mental health extended treatment initiative.

Headline Issues

2. The top issues are:
   - All remaining BAC consumers have been discharged, and where relevant to individual need, have transitioned to alternate care options.
   - As of 31 January 2014, the BAC does not accommodate inpatients.
   - Children's Health Queensland Hospital and Health Service (CHQ HHS) has commenced implementation of new adolescent mental health services to ensure no gap in service.

Blueprint

3. How does this align with the Blueprint for Better Healthcare in Queensland?
   - Providing Queenslanders with value in health services – value for taxpayers' money.
   - Better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

Key issues

4. All BAC consumers have been discharged. Patients requiring ongoing care have been supported to transition to alternative care options that are appropriate for their individual needs.
5. Patients requiring ongoing care are being supported by services provided through (or as close to) their local Hospital and Health Service (HHS), and involve a range of service providers such as public, private and non-government organisations. These care packages have been supported and co-ordinated by the acting Clinical Director of BAC. CHQHHS will continue to provide ongoing support as required to ensure there is no gap to service provision.
6. Consistent with project objectives, CHQHHS will establish an enhanced, contemporary accessible service for the young people of Queensland.
7. In addition, the following services are currently being established:
   a. A 5-bed Residential Rehabilitation Unit at Greenslopes.
   b. From early February 2014, the Mater Hospital will provide two interim subacute inpatient beds until new funding is sourced for a longer term bed-based option in the Lady Cilento Children's Hospital.
   c. Recruitment processes for a Statewide Panel, six Assertive Mobile Outreach Services (AMYOS) Teams, and two Psychiatrists are under way, with the first appointments being made

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File Ref No:	

from March. The AMYOS Teams will be located in north Brisbane, south Brisbane, Townsville, Darling Downs, Gold Coast, and Redcliffe/Caboolture.

d. A new Day Program Unit will be established in north Brisbane by June 2014. This will be in addition to existing Day Program Units located at the Mater Hospital, Toowoomba, and Townsville.
e. Further investigation being conducted into an opportunity to construct a new Step Up/Step Down Unit in Cairns utilising funding identified by the Mental Health, Alcohol and Other Drugs Branch.

8. The above services are also supported by existing community Child and Youth Mental Health Services, and seven acute inpatient units located throughout Queensland (RCH, RBWH, Mater, Logan, Robina, Toowoomba, and Townsville).
9. The first phase of service implementation will utilise existing recurrent funding from the BAC and the ceased Redlands Project. Implementation of the full proposed model of care is dependent upon new operational and capital funding. A business case, seeking recurrent funding for service implementation over a four year timeframe, will be submitted to the Department of Health Service Agreement Unit through the next Relationship Management Group Meeting on 14 February 2014.
10. Once operational, the Chair of CHQHHS proposes to make a media announcement regarding the services available to the community across Queensland, and seeks the minister's interest in participating in this announcement.
11. On 4 March 2014, Departmental officers met with members of the project team responsible for implementing the Statewide Adolescent Extended Treatment and Rehabilitation (SW AETR) Strategy to discuss funding for the proposed care model. The outcomes of this meeting were:
    - DoH to facilitate a funding transfer in amendment window 3 to Children's Health Queensland Hospital and Health Service for operational expenses relating to the first phase of service implementation. This has been actioned through the service agreement negotiation process.
    - DoH to note that Cairns HHS would not require operational funding in 2014/2015 for the Step Up/Step Down Unit, as it is yet to be constructed.
    - Policy and Planning Branch (PPB) to provide the project team with a list of business case queries for response.
    - Project team to provide feedback to PPB on the questions raised, and re-work the business case funding for 2014/2015 and outer years.
    - DoH and project team to meet in 12 months' time to discuss funding potentially available for new services, as detailed in the proposed subsequent phases of service implementation.

Background

12. In August 2013, the Minister for Health announced that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. CHQHHS is responsible for the governance of the new service options to be implemented as part of its statewide role in providing healthcare for Queensland's children.
13. The Minister for Health and West Moreton HHS Board gave a public commitment to ongoing provision of safe and comprehensive clinical care for BAC consumers during the transition to the new statewide adolescent extended treatment and rehabilitation services.

Consultation

14. This brief has been prepared in collaboration between representatives from Children's Health Queensland and West Moreton Hospital and Health Services.
15. Michael Cleary, Deputy Director General Health Service and Clinical Innovation Division, and Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch, have been kept informed of interim service planning and future model of care developments through participation on the Chief Executive and Department of Health Oversight Committee.

Department RecFind No:	BR058496
Division/HHS:	CHQHHS WMHHS
File Ref No:	

Recommendation
That the Director-General:

Note the realignment of the Barrett Adolescent Centre (BAC).
Note the status of the new adolescent mental health extended treatment and rehabilitation services.
Provide this brief to the Minister for information.

APPROVED/NOT APPROVED NOTED

[redacted]

IAN MAYNARD
Director-General
26 MAR 2014

To Minister's Office For Noting ☑

Director-General's comments

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4 February 2014	5 February 2014	5 February 2014

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[redacted]	[redacted]	[redacted]
4 February 2014	6 February 2014	6 February 2014

Input provided by:	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
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Manager Service Agreements	Executive Director	Deputy Director-General
Healthcare Purchasing, Funding and Performance Management Branch	Healthcare Purchasing, Funding and Performance Management Branch	System Policy and Performance Division
[redacted]	[redacted]	[redacted]
19 March 2014	20 March 2014	22 March 2014

LJS-10

RECORDS TEAM
RECEIVED 16 SEP 2014 DEPT. OF HEALTH

10 SEP 2014

Department RecFind No:	BR059745
Division/HHS:	HSCID
File Ref No:	

Brief for Noting

Requested by:

☐ Department ☒ Minister's office

SUBJECT: Update on realignment of services previously provided at the Barrett Adolescent Centre

Headline issues

1. At a meeting with the Minister for Health on 26 August 2014 the Royal Australian and New Zealand College of Psychiatrists (RANZCP) requested additional annual funding of $5.4 million for 12 Assertive Mobile Youth Outreach Services (AMYOS) and a four bed subacute inpatient unit.
2. The purpose of this brief is to inform the Minister of the new services implemented to meet the clinical needs of children who may previously have been referred to the Barrett Adolescent Centre (BAC) and to note the capacity within existing public child and youth mental health services.
3. Since the service realignment in January 2014 the Department of Health (DoH) has provided $1.8 million in additional recurrent funding for the provision of adolescent extended treatment and rehabilitation services (AETRS), the DoH has committed a further $1 million recurrently to maintain temporarily funded adolescent services in Cairns, representing an increased investment of 72% on top of the previous funding provided for the BAC.
4. The DoH is progressing steadily and on target with its plan for the provision of replacement AETRS. It would be premature at this stage to invest a further $5.4 million given the planned expansion at Lady Cilento Children's Hospital (LCCH) and the imminent release of the Queensland Mental Health Commission (QMHC) Strategic Plan.

HSCI RECORDS RECEIVED 16 SEP 2014 QLD HEALTH

Background

5. In August 2013, a policy decision was made to realign the services previously provided through the BAC, a 15 bed facility with day program and provide alternative community based services for this cohort of patients.
6. An Expert Clinical Reference Group provided recommendations to the Planning Group on the development of a model for replacement AETRS utilising existing BAC funding. Attachment 1 details the agreed model and progress to date.
7. The BAC recurrent funding of $3.9 million was transferred to the Children's Health Queensland Hospital and Health Service (CHQHHS) to implement AETRS which included two interim sub-acute beds. A further $1.8 million recurrent funding was also provided.
8. Since 2013/2014 the DoH has funded at $1 million per annum for the Time Out House Initiative, a four bed adolescent residential service in Cairns.
9. Enhancements to child and adolescent services under the Queensland Plan for Mental Health 2007-2017 were the opening of two eight bed acute adolescent inpatient units with day programs at Toowoomba (August 2012) and Townsville (January 2014). This expansion brings the statewide total of child and adolescent acute mental health inpatient beds to 68 and three Day Programs with a capacity for approximately 15 to 25 patients per week each.
10. Bed occupancy rates for 2014 range from 75% to 84% and there is remaining capacity for further admission options if required.
11. The CHQHHS drafted an options paper for the further development of AERTS (Attachment 2). The RANZCP request refers to services marked A and B.
12. Item A for 12 additional AMYOS at $4.2 million will need to be considered within the context of the QMHC strategic plan and the corresponding DoH mental health alcohol and other drugs service delivery plan. The Department proposes to commission the Queensland Centre for Mental Health Research to map existing services throughout Queensland, including those targeting this cohort of adolescents, to inform the development of a coherent service delivery framework for mental health alcohol and other drug services.
13. Item B is for a four bed sub-acute inpatient unit at $1.2 million. Under the current replacement AETRS model, four of the 10 acute adolescent beds at the LCCH will be made available for use as sub-acute beds.
14. The LCCH acute beds are funded at $2,498 per diem. The DoH does not have a funding model for sub-acute beds, the nearest corresponding price being adolescent extended treatment service beds at the lower rate of $1,073 per diem. Therefore, should the sub-acute swing beds at the LCCH be occupied, it is not expected that any additional funding would be required.
15. Given the low demand for the two interim sub-acute beds to date utilisation rates of the four LCCH beds is as yet unknown. It remains to be seen whether a separate unit is required.

Department RecFind No:	BR059745
Division/HHS:	HSCID
File Ref No:	

Attachments

16. Attachment 1. BAC replacement strategy for Statewide Adolescent Extended Treatment and Rehabilitation services using existing funding and progress to date.
    Attachment 2. CHQHHS proposal for a comprehensive Statewide Adolescent Extended Treatment and Rehabilitation Service strategy requiring new funding.

NOTED

[redacted]

IAN MAYNARD
MICHAEL CLEARY
A/Director-General

11 SEP 2014

/ /

A/Director-General's comments **To Minister's Office for Noting**

Minister's Office Use Only

NOTED **NOTED**

LAWRENCE SPRINGBORG
Minister for Health **Chief of Staff**

/ / / /

Minister's comments

Briefing note rating

1 2 3 4 (1 = poor and 4 = excellent)

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
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A/Manager, Clinical Governance	Executive Director	A/Deputy Director-General
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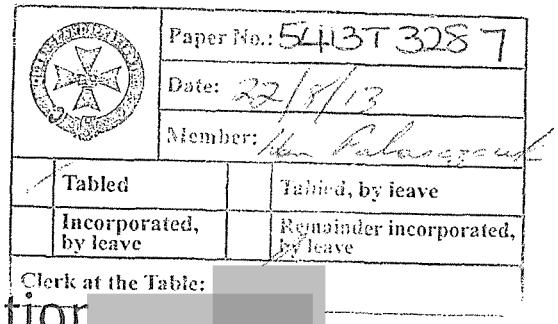
[redacted]	[redacted]	[redacted]
1/09/2014	1/09/2014	1/09/2014
02/09/2014	02/09/2014	02 /09/14

EXHIBIT 120

West Moreton Hospital and Health Service



Expert Clinical Reference Group Recommendation

Barrett Adolescent Strategy

July 2013

Queensland Government

LJS.900.001.0068

LJS - 11

947

Adolescent Extended Treatment and Rehabilitation Services (AETRS) Recommendations Submitted to the West Moreton Hospital and Health Board

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

ECRG Recommendations	Planning Group Recommendations
a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.	**Accept with the following considerations.** The responsibility for this task at a statewide level sits with the Mental Health Alcohol and Other Drugs Branch and the Children's Health Services. A collaborative partnership is proposed.
b) Formal planning including consultation with stakeholder groups will be required.	**Accept with the following considerations.** This body of work should be incorporated into the statewide planning and implementation process (as above).

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

ECRG Recommendation	Planning Group Recommendation
a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.	**Accept with the following considerations.** Further work is needed to detail the service model for a Tier 3. Models involving a statewide, clinical bed-based service (such as the Barrett Adolescent Centre) are not considered contemporary within the National Mental Health Service Planning Framework *(in draft)*. However, there are alternative bed-based models involving clinical and non-clinical service components (e.g., Y-PARC in Victoria) that can be developed in

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

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

ECRG Recommendations	Planning Group Recommendations
a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.	**Accept.**
b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.	**Accept with the following considerations.** While this may be a complex process for some consumers and their individual needs, it was noted that this course of action could start immediately, and that it was feasible. The potential to utilise current BAC operational funds (temporarily) to 'wrap-around' each consumer's return to their local community was noted as a significant benefit. The relevant local community should play a lead role in the discharge of the consumer from BAC and their return to home. The local services need to be consulted around their ability to provide 'wrap-around' care.
c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.	**Accept.** The ECRG and the Planning Group strongly supported this recommendation.

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.	**Accept with the following considerations.** This issue requires further deliberation within the statewide planning process. The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer.

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

ECRG Recommendations	Planning Group Recommendations
a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.	**Accept with the following considerations.** The Planning Group recommends removing *"Band 7"* from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity. The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services. The Planning Group recommends consultation with DETE once a statewide model is finalised.

ECRG Recommendations	Planning Group Recommendations
b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).	**Accept with the following consideration.** The Planning Group recommends this statement should be changed to read as: Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).

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

ECRG Recommendations	Planning Group Recommendations
a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.	**Accept with the following consideration.** Note that this service could be provider agnostic.
b) Governance should remain with the local CYMHS or treating mental health team.	**Accept.**
c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.	**Accept.**

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

ECRG Recommendations	Planning Group Recommendations
a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.	**Accept.**
b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.	**Accept.**

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BR057157 - Barrett Adolescent Strategy Meeting

From: Sdlo [redacted]

To: Mark Wood <[redacted]>

Cc: Susanne LeBoutillier <[redacted],

[redacted]

Date: Mon, 15 Jul 2013 09:39:02 +1000

Attachments: BR057157 MD09 - BARRETT ADOLESCENT MEETING.doc (94.72 kB); BR057157 MD09 - ATTACH 1.doc (272.38 kB); BR057157 SPP - ATTACH 2.doc (233.98 kB)

~~Hi Mark,~~
Please find attached brief BR057157 - Barrett Adolescent Strategy Meeting. There is a meeting to be held today at 4pm with the Minister, and Dr Mary Corbett, Chair and Lesley Dwyer, CE, West Moreton HHS.
The hard copy is progressing through to your office now.
Many thanks
Simone
Simone Ryder
A/Senior Departmental Liaison Officer
Office of the Director-General
Ph: [redacted]
Mob: [redacted]

Department RecFind No:	**BR057157**
Division/HHS:	**MD09**
File Ref No:	**MD0920130151**

Briefing Note for Noting

Director-General

Requested by: Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service **Date requested: 8 July 2013** **Action required by: 15 July 2013**

SUBJECT: Barrett Adolescent Strategy Meeting

Proposal

That the Director-General:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013, between the Minister for Health, Dr Mary Corbett, Chair, West Moreton, HHB, Lesley Dwyer, Chief Executive, West Moreton, HHS, and Sharon Kelly, Executive Director, Mental Health and Specialised Services, West Moreton, HHS, to discuss the next stages of the Barrett Adolescent Strategy.

Provide this brief to the Minister for information.

Urgency

1. **Urgent** - There is growing concern amongst stakeholders of the Barrett Adolescent Strategy, including patients and carers, to receive communication about the future of the Barrett Adolescent Centre (BAC).

Headline Issues

2. The top issues are:
   - The West Moreton Hospital and Health Board considered the recommendations of the Expert Clinical Reference Group on 24 May 2013.
   - West Moreton Hospital and Health Board approved the closure of BAC dependent on alternative, appropriate care provisions for the adolescent target group and the meeting with the Minister for Health.

Blueprint

3. How does this align with the *Blueprint for Better Healthcare in Queensland*?
   - providing Queenslanders with value in health services – value for taxpayers money; and
   - better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

Key issues

4. There is significant patient/carer, community, mental health sector and media interest about a decision regarding the future of the BAC.

5. A comprehensive communication plan has been developed.

6. The Department of Health is urgently progressing planning for Youth Prevention and Recovery Care (Y-PARC) services to be established in Queensland by January 2014. This service type would provide an alternative care option for the adolescent target group currently accessing BAC.

Background

7. BAC is a 15-bed inpatient service for adolescent mental health extended treatment and rehabilitation that is located at The Park – Centre for Mental Health (the Park).

Department RecFind No:	**BR057157**
Division/HHS:	**MD09**
File Ref No:	**MD0920130151**

8. The BAC cannot continue to provide services due to the Park becoming an adult secure and forensic campus by 2014, and because the capital fabric of BAC is no longer fit for purpose. Alternative statewide service options are required.

Consultation

9. Consultation about the proposed next stages of the Strategy and board decision for closure has been limited to Dr Peter Steer, Children's Health Services; and Dr Tony O'Connell, Director-General, Dr Michael Cleary, and Dr Bill Kingswell, Health Services and Clinical Innovation, Department of Health.

10. A short verbal briefing has been provided to the Queensland Commissioner for Mental Health, Dr Lesley van Schoubroeck.

11. Agreement has been reached that the Strategy will be finalised through a partnership between West Moreton HHS, Children's Health Services, and the Department of Health.

Attachments

12. Attachment 1: Agenda Barrett Adolescent Strategy.
    Attachment 2: Issues and Incident Management Plan BAC.

Department RecFind No:	**BR057157**
Division/HHS:	**MD09**
File Ref No:	**MD0920130151**

Recommendation
That the Director-General:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013, between the Minister for Health, Dr Mary Corbett, Chair, West Moreton, HHB, Lesley Dwyer, Chief Executive, West Moreton, HHS, and Sharon Kelly, Executive Director, Mental Health and Specialised Services, West Moreton, HHS, to discuss the next stages of the Barrett Adolescent Strategy.

Provide this brief to the Minister for information.

APPROVED/NOT APPROVED **NOTED**

DR TONY O'CONNELL
Director-General

/ /

To Minister's Office For Noting ☐

Director-General's comments

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
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A/Director of Strategy	Executive Director	Chief Executive
Mental Health & Specialised Services, WM HHS	Mental Health & Specialised Services, WM HHS	West Moreton HHS
8 July 2013	11 July 2013	12 July 2013

Department RecFind No:	
Division/HHS:	**MD09**
File Ref No:	**MD0920130151**

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service **Date requested: 8 July 2013** **Action required by: 15 July 2013**

SUBJECT: Barrett Adolescent Strategy Meeting

Recommendation

That the Minister:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013, with the West Moreton Board Chair, Chief Executive, and Executive Director of Mental Health, to discuss the next stages of the Barrett Adolescent Strategy.

Note The West Moreton Board considered the recommendations of the Expert Clinical Reference Group, on 24 May 2013, and approved the closure of the Barrett Adolescent Centre dependent on alternative, appropriate care provisions for the adolescent target group and the meeting with the Minister for Health.

Note There is significant patient/carer, community, mental health sector and media interest about a timely decision regarding the future of the Barrett Adolescent Centre. A comprehensive communication plan has been developed.

Note Consultation about the proposed next stages of the Strategy has been limited to Commissioner for Mental Health, Children's Health Services and Department of Health.

APPROVED/NOT APPROVED **NOTED** **NOTED**

LAWRENCE SPRINGBORG
Minister for Health **Chief of Staff**

/ / / /

Minister's comments

Briefing note rating

1 ☐☐ **2** ☐☐ **3** ☐☐ **4** ☐☐ **5** ☐☐

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
Please Note: All ratings will be recorded and will be used to inform executive performance.

Queensland Government

Barrett Adolescent Strategy
Expert Clinical Reference Group

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

Preamble

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

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

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

Between 1 December 2012 and 24 April 2013 the ECRG met regularly to define the target group and their needs, conduct a service gap analysis, consider community and sector feedback, and review a range of contemporary, evidence-based models of care and service types. This included the potential for an expanded range of day programs across Queensland and community mental health service models delivered by non-government and/or private service providers. The ECRG

have considered evidence and data from the field, national and international benchmarks, clinical expertise and experience, and consumer and carer feedback to develop a service model elements document for Adolescent Extended Treatment and Rehabilitation Services in Queensland. This elements document *is not a model of service* – it is a conceptual document that delineates the key components of a service continuum type for the identified target group. As a service model elements document, it will not define how the key components will function at a service delivery level, and does not incorporate funding and implementation planning processes.

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

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

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

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

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

Queensland Government

Barrett Adolescent Strategy
Expert Clinical Reference Group

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

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

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

Recommendations:

a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.

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

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

- It is understood that the combination of day program care, residential community-based care and acute inpatient care has been identified as a potential alternative to the current BAC or the proposed Tier 3 in the following service model elements document.
- From the perspective of the ECRG, Tier 3 is an essential component of the overall concept, as there is a small group of young people whose needs cannot be safely and effectively met through alternative service types (as represented by Tiers 1 and 2).
- The target group is characterised by severity and persistence of illness, very limited or absent community supports and engagement, and significant risk to self and/or others. Managing these young people in acute inpatient units does not meet their clinical, therapeutic or rehabilitation needs.
- The risk of institutionalisation is considered greater if the young person receives medium-term care in an acute unit (versus a design-specific extended care unit).
- Clinical experience shows that prolonged admissions of such young people to acute units can have an adverse impact on other young people admitted for acute treatment.
- Managing this target group predominantly in the community is associated with complexities of risk to self and others, and also the risk of disengaging from therapeutic services.

Recommendation:

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

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

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

Recommendations:

a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.

b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.

c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.

4. Duration of treatment

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

Recommendation:

a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a

suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.

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

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

Recommendations:

a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.

b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).

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

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

Recommendations:

a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.

b) Governance should remain with the local CYMHS or treating mental health team.

c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.

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

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

Recommendations:

a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.

b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.

Issues synopsis

SITUATION ANALYSIS:

- Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders.
- As part of the Queensland Plan for Mental Health 2007-2017, a capital allocation had been approved to rebuild BAC in a new location as:
    - The capital fabric of BAC is no longer able to meet the requirements of a contemporary model of care for adolescent extended treatment and rehabilitation; and
    - In the future, the Park will become exclusively a secure and forensic mental health facility..
- It was planned to build the Adolescent Extended Treatment and Rehabilitation Unit Redlands, adjacent to the Redlands Hospital. It was to be commissioned in 2014. Due to environmental and other issues, the Project could not proceed and has now ceased.
- The capital allocation previously attached to the rebuild has been reallocated to other capital priorities and capital funding is no longer available for a rebuild of BAC.
- It has become imperative that:
    - alternative contemporary service options be identified to replace the services currently provided by BAC; and
    - an implementation plan be developed to achieve these outcomes.

MEDIA PROGNOSIS

- This issue has already attracted significant negative media attention and will continue to do so for some time.
- There is a perception that adolescents requiring longer term mental health inpatient treatment will no longer be able to access that type of treatment. There is also a perception by some that any model other than BAC would be sub-standard.
- To reassure the community it is necessary to reiterate that care for these adolescents will continue, and that any service options put forward will be based on best practice and will provide patients with the highest quality care that is appropriate to their individual needs.

MAJOR ISSUES AND RESPONSES / FAQs

Has the expert clinical reference group made any recommendations?
The expert clinical reference group met for the last time on 24 April 2013, and submitted their seven recommendations to the overarching Planning Group. These recommendations identified the key components and considerations for how Queensland can best meet the mental health needs of

adolescents requiring longer term mental health care. These recommendations have also been considered by the West Moreton Hospital and Health Board, and other key stakeholders.

Has a decision been made about the future of Barrett Adolescent Centre?
It has been determined that alternative statewide service options will be developed for adolescents requiring longer term mental health care. BAC will cease operations at end of December 2013.

Who is developing these new service options?
The options will be developed collaboratively between West Moreton Hospital and Health Service, Children's Health Queensland and the Department of Health. Other key stakeholders will be involved in this process, including consumer and carer representatives.

What will these options look like?
It is likely that they will comprise a variety of treatment options including inpatient care, and individual, family, and group therapy sessions.

What about the current BAC consumers?
The adolescents currently admitted to BAC will continue to receive the highest quality care that is most appropriate for them. The care for these young people and their families will continue to be a priority for West Moreton Hospital and Health Service.

Are young people going to miss out?
We want to make sure young mental health consumers receive the right treatment, in the right place, and at the right time. The new statewide service options will focus on the specific needs of the young people within this target group.

Is this just another budget cut ?
No, this is not about cost cutting. All recurrent funding from the BAC will support the new statewide service options. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and closer to their homes.

What about the school on site?
Education is a valuable and integral component in our provision of best practice mental health care for adolescents. The Education Department is responsible for the provision of educational services to this target group and will continue to be engaged in the process in order to meet the needs of these young people.

CURRENT STATUS

Media is aware of an impending decision regarding the future of Barrett Adolescent Centre.

KEY MESSAGES

- Adolescents requiring longer term mental health treatment will continue to receive the high quality of care suited to their individual needs.
- BAC will close at end of December 2013 when alternate service options will become available.
- The Park is secure and forensic adult mental health facility. As part of The Park, this means BAC is not an appropriate environment for the treatment of adolescents.

RECOMMENDED APPROACH

- Media holding statement in the first instance
- Media statement announcing decision
- Media statements – progress updates
- FAQs
- Letters to stakeholders
- Standard Ministerial response

LJS-13

BR057555

Department RecFind No:	BR057555
Division/HHS:	West Moreton HHS
File Ref No:	

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED
DATE 16 SEP 2013

Requested by: Chief Executive, West Moreton Hospital & Health Service **Date requested:** 9 September 2013 **Action required by:**

SUBJECT: [redacted]

Recommendation

That the Minister:

[redacted]

APPROVED/NOT APPROVED **NOTED**

NOTED

[redacted]

LAWRENCE SPRINGBORG
Minister for Health

/ /

Chief of Staff

23/9/13

Minister's comments

Briefing note rating

1 2 3 4 5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
Please Note: All ratings will be recorded and will be used to inform executive performance.

10 SEP 2013

URGENT

Department RecFind No:	BR057555
Division/HHS:	West Moreton HHS
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Chief Executive, West Moreton Hospital & Health Service

Date requested: 9 September 2013

Action required by:

SUBJECT: [redacted]

Proposal

That the A/Director-General:

[redacted]

Provide this brief to the Minister for information.

Urgency

1. [redacted]

Headline Issues

2. The top issues are:

[redacted]

Blueprint

3. How does this align with the *Blueprint for Better Healthcare in Queensland*?
   - Health services focused on patients and people.

Key issues

4. [redacted]

5.

6.

7.

Department RecFind No:	**BR057555**
Division/HHS:	**West Moreton HHS**
File Ref No:	

8. [redacted]

9. [redacted]

10. Discharge planning has commenced for all BAC consumers, and alternative service options are being considered with priority being given to individual need and access to services closest to each consumers' home.

11. BAC beds numbers will be reduced to eight as a matter of urgency and there will be no new admissions to BAC.

12. A communication strategy is being prepared in relation to this situation.

Background

13. The BAC model of care has been under review at a statewide level and comprehensive service planning and consultation has occurred to support the closure of BAC early 2014 once alternate service options are available.

14. There have been an ongoing number of clinical incidents within the Centre that have not responded to corrective action to date.

15. [redacted]

16. [redacted]

17. [redacted]

18. [redacted]

19. [redacted]

20. [redacted]

Consultation

21. Department of Health: The Acting Director-General, and the Director of Mental Health and Executive Director of the Mental Health Alcohol and Other Drugs Branch, have been consulted and support actions outlined.

Attachments

22. Nil

Department RecFind No:	BR057555
Division/HHS:	West Moreton HHS
File Ref No:	

Recommendation
That the A/Director-General:

[redacted]

Provide this brief to the Minister for information.

APPROVED/NOT APPROVED **NOTED**

[redacted]

DR MICHAEL CLEARY
A/Director-General

12 / 9 / 2013

To Minister's Office For Noting ☐

A/Director-General's comments

Author
Sharon Kelly

Executive Director

MHSS, West Moreton Hospital & Health Service

[redacted]
9 September 2013

Content verified by: (CEO/DDG/Div Head)
Lesley Dwyer

Chief Executive

West Moreton Hospital & Health Service

[redacted]
9 September 2013