

The Park adult services, not BAC. In relation to BAC, I noted 'Barrett now being looked at by an expert group'. Attached and marked **TCE-5** is a copy of my notes for the WMHHB Board Meeting on 14 December 2012.

- 10.7 A Board Committee Agenda Paper for the meeting of the WMHHB on 22 February 2013 stated that BAC cost saving strategies had been excluded from the Turnaround Plan. BAC was the subject of separate review by the ECRG and the Planning Group. Attached and marked **TCE-6** is a copy of that Agenda Paper.

Redlands

- 11 The Commission is in possession of an email you sent to Mary Corbett dated 9 November 2012, (copying in Lesley Dwyer and the other Board members). The contents of this email includes:

"Mary, My understanding of the situation with the Barrett Centre is that there has been a long term plan, going back many years, to close the Barrett Centre ... and replace it with a new purpose built facility in Redlands. Plans were already well advanced in that regard and as recently as 12 months ago, I was being told in meetings at The Park that Queensland Health had acquired a site in Redlands and designs for the new facility were well advanced ... if that project has now been canned, I don't see why we should have to carry the can for closing a facility that everyone knows has been planned to close for many years and replaced with something better in another location ... My guess is that the System Manager has not given us funding for the Barrett Centre because it's closing, but neglected to provide consequential funding to Metro South either; hence there are no funds allocated anywhere for the service that the Barrett centre has been providing. Absolutely shameful if that is the case.

Regards, TIM"

- (a) When did you first become aware that there was a plan to close the BAC and replace it with a new purpose built facility in Redlands?

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- 11.1 I first became aware that there was a plan to close the BAC and replace it with a new purpose built facility in Redlands in approximately 2009 or 2010.

(b) How and from whom was this information brought to your attention?

- 11.2 This information was brought to my attention when a statement to that effect was made by the then District Manager of the Ipswich West Moreton Health Service District, Pam Lane in a meeting of the Ipswich Community Advisory Committee at which I was present. Ms Lane stated words to the effect that a new facility was being built at Redlands which was to be a purpose built adolescent mental health service. I do not recall her specifically saying that BAC would close, but that was the implication.
- 11.3 This information was also brought to my attention at around the same time when it was mentioned in a meeting of the Working Group for The Park.

(c) In what capacity were you working when you received this information?

- 11.4 I was not working in any relevant capacity at the time. Rather:
- (a) In relation to receiving this information at a meeting of the Ipswich Community Advisory Committee, the Committee was a community engagement body established to provide engagement between the health service and the local community and I was a member of the Committee at that time.
- (b) In relation to receiving this information at a meeting of the Consumer Liaison Working Group at The Park. The Consumer Liaison Working Group was a body with the role of considering the effect on mental health consumers at The Park of a range of issues as they arose, such as changes or potential changes to the law, changes to methods of mental health services delivery etc, and I was a consumer representative on the Working Group.

(d) In which meetings, and on what dates, were you receiving information that Queensland Health had acquired a site in Redlands and designs for the new facility were well advanced? Who attended these meetings?


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- 11.5 The meetings and dates of meetings are noted in paragraph 11.2 and 11.3.
- 11.6 I do not recall specifically who attended the particular meetings at which the intended facility at Redlands was mentioned.
- 11.7 To the best of my recollection, the members of the Ipswich Community Advisory Committee at the relevant time were:
- (a) A local general practitioner whose name I do not now recall.
 - (b) A nurse from Ipswich Hospital, Jan Wilson.
 - (c) Ms Lane in her capacity as District Manager.
 - (d) A representative of the Executive Office of the College of General Practitioners.
 - (e) Consumer representatives, which included myself.
- 11.8 To the best of my recollection, the members of the Consumer Liaison Working Group at The Park at the relevant time included:
- (a) David Kelly who chaired meetings;
 - (b) Nadia Beer;
 - (c) Terry Stedman;
 - (d) Andrew Strachan;
 - (e) Alex Goulash;
 - (f) Annette Coutts; and
 - (g) and other staff from The Park whose names I cannot recall
- (e) Please confirm whether by "we" in that letter you meant the Board when you stated that you didn't see why the Board should "carry the can" for the**



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closing of the BAC, and explain what you meant by this.

- 11.9 I confirm that by "we" in my email to Dr Corbett dated 9 November 2012, I was referring to the WMHHB.
- 11.10 What I meant by this was that:
- (a) The decision to close BAC had been made years before the establishment of the WMHHB.
 - (b) The decision was made in the context of adolescent mental health services being transferred to a new facility, being the facility to be built at Redlands.
 - (c) It was not the WMHHB's decision to cancel the Redlands project. The WMHHB was not consulted about possible cancellation of the Redlands project and did not have any input into the decision. Rather, the WMHHB was simply told the project was not proceeding.
 - (d) If any consideration had been given in that decision process to the effect on BAC or the patient cohort receiving services at BAC, that was not apparent to me.
 - (e) I had previously been involved with Project 300, which was an initiative to transition long-stay adult psychiatric patients into independent housing. From that experience I was aware that transitioning mental health patients could be successful but was a complex process.
 - (f) I considered there was a risk that if there were any negative outcomes or negative sentiment regarding closure of BAC in the absence of a facility at Redlands, the WMHHB would be blamed, given it was the statutory entity with responsibility for the operation of the WMHHS.
 - (g) I considered this unfair given that:
 - (i) The WMHHB had no control over the decision to cancel the Redlands project.


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- (ii) The WMHHB did not have effective control over the future of BAC as WMHHS had no funding budget to build an alternative facility within WMHHS, and effective power with respect to the future operation of BAC at its present location rested with the Department of Health not the WMHHB.
- (h) I perceived there to be a risk of the WMHHB being blamed if there were negative outcomes or unpopular decisions regarding BAC because I was aware from my years of experience working in and with government and the corporate sector, that regardless of where effective power may rest, situations can arise where it is expedient to identify a Board as being the decision maker for difficult or unpopular decisions.

(f) Explain why you said, and on what factual basis you said that the System Manager had withdrawn funding to WMHHS for the BAC and neglected to provide new funding to Metro South?

- 11.11 I did not state in the email that 'the System Manager had withdrawn funding to WMHHS'. No funding had been withdrawn from WMHHS, rather funding to Metro South for the replacement facility had been withdrawn. WMHHS never had capital funding for a facility (nor was its recurrent operational funding withdrawn).
- 11.12 I stated in the email that 'My guess is that the System Manager has not given us funding for the Barrett Centre because it's closing, but neglected to provide consequential funding to Metro South either; hence there are no funds allocated anywhere for the service that the Barrett centre has been providing'.
- 11.13 What I meant by this was that no capital funding had been provided to BAC despite its obviously dilapidated condition, which I assumed was because the plan was to close BAC when the new facility was operating at Redlands, but now the funds for the Redlands project were not going to be provided either.
- 11.14 From my perspective, it was not simply that the Redlands facility would not be built, but that there was no funding for a capital project of any kind irrespective of where it could be sited.


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(g) Why did you describe this potential lack of funding as "absolutely shameful"?

- 11.15 I was aware that BAC was the only facility in Queensland offering long-stay treatment for adolescents with mental health patients, and that the patients it serviced were patients with serious mental health conditions. Without it or a replacement there would be no residential-based service for such patients.
- 11.16 I believed that the withdrawal of funding was a financially driven decision and I was not aware of any consideration given to patient welfare in the decision. I considered that making a decision of this kind based on financial considerations alone, was shameful.

12 Were there Board discussions about the cancellation of the BAC Redlands relocation? If so, please provide dates and documents including any relevant minutes of meetings and emails.

- 12.1 On 8 November 2012, Board Chair Mary Corbett sent an email addressed to all Board Members advising of the cancellation of the Redlands project. My email of 9 November 2012 referred to above was in response to that email. Attached and marked **TCE-7** is a copy of that email chain.
- 12.2 Included in the Board papers for the November 2012 meeting of the WMHHB was an Executive Report for the Board prepared by Ms Dwyer. The Report provided information regarding the cancellation of funding for the Redlands project and the implications of that for BAC. Attached and marked **TCE-8** is a copy of that Executive Report.
- 12.3 The minutes of the Board Meeting on 23 November 2012 record that Ms Dwyer spoke to various items addressed in her Executive Report, and discussion ensued on items including 'Barrett Adolescent strategy'. Attached and marked **TCE-9** is a copy of the Minutes of the meeting.
- 12.4 The cancellation of the Redlands project occurred independently of the WMHHB and was a concluded decision prior to the WMHHB being notified, therefore the Executive

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Report advised what actions the WMHHS was taking as to the future of BAC, and the focus of the WMHHS would have been on whether those actions were appropriate.

- 12.5 I cannot now recall specific details of those discussion. My recollection is that the WMHHS noted the actions being taken by the WMHHS.

13 If there were not any Board meetings regarding the cancellation of Redlands, what was the Board told about the cancellation? By whom and when?

- 13.1 Not applicable given my response to Question 12.

14 What actions did the Board take upon hearing of the cancellation of the Redlands relocation?

- 14.1 The WMHHS noted the advice of the Health Service Chief Executive in her Executive Report which, in summary, was that:
- (a) In accordance with the Statewide Mental Health Plan, The Park is to become an adult forensic centre and it will no longer be appropriate to have young teenagers on a campus for adults in a medium to high security setting.
 - (b) In August 2012, the Minister for Health endorsed that the capital build funding for the Redlands facility would no longer be made available and these funds had been reallocated within the health portfolio.
 - (c) In light of these matters and the BAC building no longer being fit for purpose, WMHHS has commenced high level discussion with the System Manager and senior Park staff. The matter had subsequently been provided to the media.
 - (d) The actions being taken by the WMHHS are:
 - (i) Staff have been briefed on potential issues and advised that no formal decision has been made by the WMHHS.
 - (ii) A meeting was held on 15 November 2012 with key Child and Youth psychiatrists, Ms Dwyer, the Executive Director Mental Health and


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Specialised Services, Sharon Kelly, and the System Manager with agreement that a Planning Group be formed to lead the planning, consultation and development of options and final recommendations for decision.

- (iii) An action plan is to be developed with the Planning Group by 21 November 2012 and provided to the WMHHB for endorsement.

15 Did the Board discuss the consequences of the cancellation or make any decisions, or representations? For example, did the Board consider any alternative location for the BAC? If so, please describe the considerations. If not, please explain why the Board did not consider any alternatives.

15.1 As previously stated, the WMHHB noted the advice of the Chief Executive. That advice reflected that:

- (a) Capital funding for construction of the Redlands facility had been withdrawn.
- (b) The WMHHS had embarked on a process to consider the future of BAC and the patients whose needs it serviced, this process was in its very early stages, and the broader child and youth psychiatrist community and the Department (as System Manager) were involved in the process.

15.2 The WMHHB did not consider any alternative location for BAC because:

- (a) There was no capital funding available from the Department of Health for the construction of any alternative facility within the WMHHS.
- (b) Neither the WMHHB nor the WMHHS had any authority or custodianship in relation to the construction of an alternative facility outside WMHHS. Any such project would have be an initiative of the Department of Health in collaboration with the Hospital and Health Service covering the physical location at which the facility would be built/the service provided.
- (c) The WMHHB was being advised that BAC did not align with national and state

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policy and the development of a new model of care was required. This was stated in Dr Corbett's email to the WMHBB dated 9 November 2012. Ms Dwyer's advice regarding the establishment of a Planning Group to lead planning, consultation and development of options, was consistent with an approach of considering and developing alternative options, not just relocation of the existing service, was consistent with this.

16 On what date and by what means were the public informed about the decision not to proceed with Redlands?

16.1 I have no personal knowledge of when or by what means the public was informed about the decision not to proceed with the Redlands facility.

Correspondence with Lesley Dwyer

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(b) State the material words or substance spoken by each participant in that conversation;

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(c) What was the outcome of that conversation; and

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(d) Did you inform the Board of the contents of that conversation?

17.10

17.11

The Decision to close the BAC

18 From your knowledge, please explain:

(a) Who made the decision to close the BAC?

18.1 The decision to close BAC was made some time in the mid to late 2000s when a decision was made to build a new facility at Redlands which would provide adolescent mental health extended treatment and rehabilitation, the services of BAC would be transferred to that facility, and BAC would be closed.

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- 18.2 I do not know the identity of the person who made this decision, but I assume it would have been the Minister for Health at the relevant time.
- 18.3 When the decision was made in 2012 to withdraw funding for the Redlands facility to be built, the advice provided to the WMHHS was that it was nonetheless inappropriate to continue BAC in its present form and at its then location because:
- (a) The Park was well advanced on a transition process whereby all adult non-forensic services were being closed and those patients transferred to community care based services, some within WMHHS and others in a number of other areas, consistent with the goal of enabling patients to access care in their local community. The Park would be an adult forensic patient service only, comprising high and medium secure patients. The WMHHS was advised that co-locating non-secure vulnerable adolescent patients with the types of patients in the secure and medium secure adult forensic services presented risks to the adolescent patients and also would not be an optimal therapeutic environment for the adolescents.
 - (b) The BAC building was dilapidated and was struggling to achieve accreditation from the Australian Council of Healthcare Standards.
 - (c) Extended institutionalised care was not considered a contemporary model of care for patients of the kind being cared for at BAC.
- 18.4 Those reasons for closing BAC were not changed by the decision not to build the Redlands facility. From my perspective, therefore there was a presumption that the decision to close BAC still stood. To the extent that there was a further decision to close BAC (ie a decision to close BAC notwithstanding an alternative facility was no longer being built), I consider that decision was made by the then Minister for Health, Lawrence Springborg in about August 2013. In that regard:
- (a) The Minister for Health made the decision to withdraw funding for the Redlands project.


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- (b) Because the WMHHS is obliged to provide the services detailed in the Service Agreement, neither the WMHHS nor the WMHHB had any power or authority to close BAC so long as the System Manager required the BAC service to be provided. The Service Agreement cannot be varied unilaterally by the WMHHS or the WMHHB.
- (c) The System Manager, acting through the Director-General therefore had the effective power to close BAC, however my understanding is that a decision of this kind would not be made without the approval of the Minister for Health. Further, even if a decision to close was supported by other stakeholders, the decision ultimately rests with the Minister, whose decision was required to be followed.

(b) Who had the authority to make the decision to close the BAC?

- 18.5 For the reasons stated, in my view the person with the authority to make the decision to close BAC was the Minister for Health.

(c) Who was responsible for implementing the decision to close the BAC?

- 18.6 In my view, the responsibility for implementing the decision to close BAC was shared between the following:
- (a) The WMHHS had the responsibility for assessing the clinical and other needs of BAC patients, identifying suitable alternative care arrangements for each, and preparing and implementing transition arrangements at a clinical level.
 - (b) The WMHHB had an oversight role in respect of WMHHS' execution of its functions.
 - (c) The MHAODB had responsibility for funding and other supports for the transition of patients.
 - (d) CHQHHS had responsibility for the development of alternative service options and governance of those services.

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(d) Explain the role of the following bodies in relation to the decision to close the BAC:

(i) the Board;

- 18.7 The role of the WMHHB in the decision to close BAC was that, upon advice provided to it, at its meeting on 24 May 2013, the WMHHB 'approved the development of a communication and implementation plan, inclusive of finance strategy, to support the proposed closure of BAC'. Attached and marked **TCE-14** is a copy of the Board Minutes for that meeting.
- 18.8 The WMHHB supported the decision to close subject to the development of a new model of service for patients. The WMHHB did not (and had no power to) make a decision to close BAC and noted in the Minutes of its meeting on 26 July 2013 that references in agenda papers for that meeting referring to closure 'must be read as referring to the proposed closure of BAC in light of the fact that no firm decision to close the facility has been made until alternative options for providing improved models of care have been identified'. Attached and marked **TCE-15** is a copy of the Board Minutes for that meeting.

(ii) the WMHHS;

- 18.9 The WMHHS established a Planning Group and an Expert Clinical Reference Group (ECRG) to investigate and provide advice in relation to alternative service options and other aspects related to provision of care to BAC patients. The WMHHS presented the findings of the Planning Group and the ECRG to the WMHHB and, based on the outcome of those investigations, the WMHHS supported a decision to close BAC. The WMHHS did not (and had no power to) decide to close BAC.

(iii) the MHAODB;

- 18.10 I do not know what role the MHAODB had in relation to the decision to close BAC. I am aware the MHAODB had a representative on the ECRG and the Planning Group.

(iv) Queensland Health; and

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- 18.11 As System Manager, through the provisions of the Service Agreement, the Department of Health directed what services would be provided at BAC.
- 18.12 In a Board Committee Agenda Paper for the meeting of the WMHHS on 28 June 2013, Ms Kelly advised that a meeting had been held with the Director-General of Health, Dr Tony O'Connell, the Deputy Director-General of Health, Dr Michael Cleary and representatives of WMHHS, at which in principle support of the plan for closure of BAC was given. On that basis, my understanding is that the Department, through the Director-General, supported the closure of BAC. Attached and marked **TCE-16** is a copy of the Agenda Paper.

(v) the Health Minister.

- 18.13 The role of the Minister for Health in relation to the decision to close BAC was that:
- (a) The Minister made the decision not to proceed with capital funding for the Redlands facility and to reallocate those funds to other projects within his portfolio which did not relate to adolescent mental health services.
 - (b) The Minister made the decision to close BAC and made the public announcement of that decision.

19 What was your understanding of the financial implications of closing the BAC? For example, was any particular body set to benefit financially from the closure?

- 19.1 My understanding of the financial implications of closing BAC was that:
- (a) The recurrent funding provided to the WMHHS for the provision of services at BAC would (and did) cease to be provided to WMHHS upon cessation of services at BAC. Funding for those services would be removed from the Service Agreement between WMHHS and the Department.
 - (b) Funding would be re-directed by the Department, as System Manager, to whatever HHSs were providing replacement services. Specifically I understood that CHQHHS was to have governance in respect of alternative service options,

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and would receive funding for that.

19.2 I am not aware of any particular body set to benefit financially from closing BAC. In that regard:

- (a) WMHHS did not benefit financially from the closure of BAC. Upon closure of BAC, funding for its operations ceased. No BAC funds were re-directed to other WMHHS services.
- (b) I do not have any information regarding the cost of alternative care for the BAC patients who were transitioned, or costs associated with the alternative service options for patients who may have been admitted to BAC had it still been in operation. I am unable to comment on whether any particular agency, or the Department overall, achieved any financial benefit from the decision to close BAC.
- (c) At no time was I ever informed that financial matters were a consideration in the closure of BAC.
- (d) Financial implications of operating or closing BAC were never a factor considered by the WMHHS.

20 What is your understanding of the reasons for the decision to close the BAC?

20.1 My understanding of the reasons for the decision to close BAC were:

- (a) The development of The Park into an adult forensic service meant that the adult patient population would consist of forensic patients many of whom had committed serious offences of a violent nature, including violent and/or sexual offences against children and young people, or whose mental health condition involved violent behaviour. It was not appropriate to have a non-secure adolescent service located on the same grounds due to factors including the risk which such adult patients potentially presented to the adolescents, and the negative association and stigma for the adolescents being in a facility where the rest of the patient population had that profile.

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- (b) The BAC building was dilapidated and was not a welcoming or therapeutic environment for young people.
- (c) The model of care at BAC consisted of long term institutionalised care in a centralised State-wide facility which for many patients meant they were disconnected from their family, friends, school, local community and other supports. Over a lengthy period, the philosophy of mental health care had moved away from institutionalised models and towards care in the community close to existing supports, where this was possible. The BAC model did not reflect current national or State based approaches, which emphasised care in the patient's local community and reduced reliance on hospitalisation. The closure of BAC was intended to reflect and occur in conjunction with the development of alternative service options which better reflected this contemporary approach to care.

21 Identify any circumstances of concern held by you or the Board held regarding the decision to close the BAC.

21.1 The concerns I held regarding the decision to close BAC were:

- (a) I was aware that this was a group of patients diagnosed as having serious mental health conditions. I was aware that there were no other long-stay residential facilities like BAC in Queensland. I was concerned to know what support would be provided to existing patients and I wanted reassurance that their needs would be met under the arrangements to which they would be transitioned.
- (b) I was concerned to know how relationships with parents of BAC patients would be managed, in particular how their concerns about their child's welfare would be addressed and how parents would be kept informed as to arrangements for their child.

21.2 I am unable to speak on behalf of other members of the WMHHB, however based on the discussions which took place at various meetings of the WMHHB over the relevant period, my assessment is that other members of the WMHHB had similar concerns.

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22 If there were such concerns, were these communicated? If so, to who, when and what (if anything) occurred as a result?

22.1 I communicated these concerns in meetings of the WMHHB. The concerns were raised with Ms Dwyer and Ms Kelly at the various meetings of the WMHHB to which they provided a Board Paper regarding BAC and/or presented verbally to the Board. At each of those meetings, Ms Dwyer and/or Ms Kelly reported on progress and with the provision of these regular reports, ultimately I was satisfied that my concerns had been addressed.

22.2 In that regard:

- (a) A Board Committee Agenda Paper for the meeting of the WMHHB on 26 April 2013 reported on progress with the Barrett Adolescent Strategy and the ongoing work of the ECRG and the Planning Group. Attached and marked **TCE-17** is a copy of that Agenda Paper.
- (b) At the meeting on 26 April 2013, Ms Kelly gave an update on the Barrett Adolescent Strategy and the Minutes record as an action 'strategy re the future of Barrett Adolescent Centre to be developed and brought back to Board for approval'. Attached and marked **TCE-18** is a copy of the Board Minutes.
- (c) In my handwritten notes of that Board Meeting, I recorded 'looks like what is coming back is going to be a mish mash of a compromise. The Expert Group reports to the Planning Group who have the responsibility to pull something coherent together. Recommendations around the model will be tested with the Minister and Dept. Lesley confident that the Expert Group will produce a coherent model'. Attached and marked **TCE-19** is a copy of those notes. These notes reflect that concerns were expressed about what care options were being considered, and that Ms Dwyer's response was that the work of the ECRG was expected to produce a model of care.
- (d) The Board Papers for the meeting of the WMHHB on 24 May 2013 included a Board Committee Agenda Paper prepared by Ms Kelly and attached

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recommendations from the ECRG and the Planning Group. Attached and marked **TCE-20** is a copy of the Agenda Paper and all attachments.

- (e) I recall there was discussion regarding the recommendations and in my handwritten notes from that meeting, I noted 'despite the concerns over the physical framework/structures, high concerns anyway over the treatment regime and questionable practices. Decided in principle to discontinuance for a range of reasons and now seeking Gov't and stakeholder to move toward the alternative model developed by the EPRG as soon as possible'. Attached and marked **TCE-21** is a copy of those notes.
- (f) The Board Papers for the meetings of the WMHBB on 28 June 2013, 26 July 2013, 23 August 2013, 27 September 2013, 29 November 2013 and 20 December 2013 each included a Board Committee Agenda Paper providing an update on BAC as follows:
 - (i) The Agenda Paper for the meeting on 28 June 2013 is previously attached as **TCE-16**.
 - (ii) Attached and marked **TCE-22** is a copy of the Agenda Paper for the meeting on 26 July 2013.
 - (iii) Attached and marked **TCE-23** is a copy of the Agenda Paper for the meeting on 23 August 2013.
 - (iv) The Agenda Paper for the meeting on 27 September 2013 is previously attached as **TCE-13**.
 - (v) Attached and marked **TCE-24** is a copy of the Agenda Paper for the meeting on 29 November 2013.
 - (vi) Attached and marked **TCE-25** is a copy of the Agenda Paper for the meeting on 20 December 2013.

Board meetings

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23 The Commission understands that on 24 May 2013, the Board met and considered the 'Expert Clinical Reference Group' (ECRG)'s Report. State whether that is correct and, if so:

(a) Describe your understanding of the purpose and mandate of the ECRG;

23.1 My understanding of the purpose and mandate of the ECRG is that the ECRG was to develop a best practice model for the care and treatment of highly at-risk adolescents.

(b) Explain your involvement and interactions with the ECRG, for example, any meetings or consultations between the Board members and the ECRG members;

23.2 I had no involvement or interaction with the ECRG.

23.3 To the best of my knowledge, there were no meetings or consultation between members of the WMHHB and members of the ECRG.

(c) List the attendees and participants of this meeting;

23.4 I am not aware of any meetings between members of the WMHHB and the members of the ECRG.

23.5 The attendees and participants at the meeting of the WMHHB on 24 May 2013 are recorded in the Minutes of that meeting which are previously attached as **TCE-14**.

(d) Describe any discussion or decision of the Board regarding the ECRG's recommendations including specifically the recommendation to continue a Tier 3 facility and the "risk" referred to in the ECRG's report;

23.6 I recall that there was a discussion at the meeting to the effect that as there was no current alternative Tier 3 facility in operation, if a Tier 3 or similar facility was needed, potentially there was going to be a gap in service on the closure of BAC. I am unsure whether it was expressly stated, but it was understood that as there was no capital funding for a facility, none would be available in the short term.

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- 23.7 I recall there was also discussion about a service gap in North Queensland. The ECRG recommended a full range of community based services needed to be developed and recommended that if a decision was made to close BAC, this should not be finalised before these options were opened.
- 23.8 There was never a view expressed to the meeting to the effect that 'BAC could not be closed until a Tier 3 is in place'. This was because:
- (a) The ECRG report identified reasons that BAC could not continue at The Park. The stated reasons were consistent with what had been reported to the WMHHB in the Agenda Papers briefed to the WMHHB since November 2012. The ECRG comprised a broad cross-section of mental health clinicians, consumer and carer representatives and key stakeholders, therefore this represented strong validation of the reasons for closure. The ECRG report supported that BAC could not remain open.
 - (b) The ECRG identified that interim measures for the provision of care to patients was an option pending the development of a Tier 3 service option.
 - (c) The Planning Group recommendations stated that models involving a State-wide, clinical bed-based service such as BAC are not considered contemporary within the National Mental Health Service Planning Framework. The Planning Group comprised a broad cross-section of the adolescent mental health services community including interstate members and as such its recommendations carried significant weight in my view. The Planning Group accepted the ECRG recommendations regarding a Tier 3 service with the caveat that it required further deliberation within the State-wide planning process. Importantly, the Planning Group recommendations stated that interim service provision could start immediately.
- 23.9 It was beyond the expertise and the remit of the WMHHB to 'decide' whether a Tier 3 service was or was not an appropriate model of care. Further, it was outside the power of the WMHHB to establish a Tier 3 facility as there was no funding to WMHHS to do so


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and the WMHHB had no capacity to control what was established in other HHSs.

23.10 From the perspective of the WMHHB:

- (a) Expert opinion endorsed that BAC should close, for reasons which were entirely consistent with the internal advice provided to the WMHHB by the Chief Executive and the Executive Director Mental Health and Specialised Services from November 2012.
- (b) The reports recognised that a Tier 3 service, in the form of an alternative physical facility, was not presently available and (presumably) would not be available in the short term.
- (c) The ECRG and the Planning Group both supported that 'wrap around' services could provide necessary support for the patients while further consideration was given to a Tier 3 service and what it might comprise.

23.11 On that basis, the issue for the WMHHB was achieving reassurance that sufficient services would be available to patients if BAC closed before the opening of, or in the absence of, a Tier 3 service. The ECRG and the Planning Group confirmed it was possible to provide appropriate and safe services, so what the WMHHB wanted was detail of how that would be achieved. WMHHB supported closure of BAC contingent on detail being provided in that regard.

(e) Explain your understanding of the "risk" referred to in the ECRG Report and to the extent you know it, the Board's understanding of the "risk";

23.12 My understanding of the 'risk' referred to in the ECRG report is a risk, to then current patients of BAC and for patients who might have been admitted to BAC in the future if it remained operational, that community based care may not be adequate to meet their clinical needs.

23.13 I am not in a position to state what understanding other members of the WMHHB may have had.

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