

Mental Health Alcohol & Other Drugs Directorate Executive Meeting Minutes

16 July 2012

Butterfield St, Level 2, Room 2.1, 11:00am – 2:00pm

Chair: Bill Kingswell

Secretariat: Bear (Beryl Jarvis)

Present: Steve Anstis, Ruth Catchpoole, Janet Ceron, Sandy Gillies, Leanne Geppert, Simone Caynes (proxy for Liz Powell), Robert Troy (proxy for Mohan Gilhotra)

Meeting opened at 11:05am

Agenda Item	Outcomes and actions (please refer to action summary at end of document)
Apologies	Mohan Gilhotra, Liz Powell, Joe Riverstone
1. Open / Welcome	<ul style="list-style-type: none"> • Bill opened the meeting and welcomed all members.
2. Confirmation of previous minutes and actions arising from previous meeting	5.1 Minutes of the meeting held 2 July 2012 were confirmed without amendment.
	<p>Actions Register:</p> <p>1. Completed items:</p> <ul style="list-style-type: none"> ○ 120702.1a: Bill to meet with Michael Cleary ○ 120702.1b: Waiting for Minister's direction on what to do about the Mental Health Commission ○ 120702.1c: Dept of Communities staff happy to transfer to the District Health Services Award ○ 120702.1e: Renee Ryan is returning to her substantive position in SPU and Ryan Robertson will be transferring with her.
3. Update from Chair / Directors	<p>3.1 Update by Chair</p> <p>On 12 July 2012 Bill met with Michael Cleary who provided direction on the Mental Health Commission (MHC). The Minister made it clear in an announcement that the MHC should be established within six months. The Minister's Adviser provided feedback on the brief that MHAODD submitted regarding the establishment of the MHC. The brief needs to be amended to delete "respect for human rights" and "consumer carer participation". The Minister noted it was all about personal responsibility. Alcohol and Other Drugs (AOD) was in-scope for the Commission. The brief was a proposal for Queensland and a consultation plan was attached. Feedback received was that it was not for consultation at this stage. MHAODD will rewrite the brief with advice given with a consultation plan around it. Bill is meeting with Michael Cleary today on his expectation around the Commission. Bill noted that staff attended Michael Cleary's presentation on 13 July 2012 where it was announced that the Victim Support Service (VSS) is to be included in Mental Health. Kaye Pulsford's team was moved to Business Coordination. VSS will direct report to Bill K for now but may not be a long term arrangement. VSS could report through a program area.</p> <p>ACTION:</p> <p>1. Bill To circulate brief to Exec members.</p>

Steve noted that there would be a number of functions that would transition to the MHC. These are functions coming under Mental Health now but some areas may be moved out to the MHC. Steve queried whether the number of Mental Health staff would be 60-70 FTE and if there would be another Executive Director or Senior Director. Bill stated that Mental Health would have approximately 90 FTE not including the MHC. There could be 15 FTE in the MHC. Bill noted that Michael Cleary stated that his view was that Mental Health had already been a program and Mental Health is a priority for State and Federal governments. Mental Health should remain a program although there is some duplication. Public Health will move from CHO to HSS and CHO will drop from 900 to 400 FTE. It was noted by Sandy G that Patient Safety is under Mental Health but also under Clinical Service Redesign and Metrics. Michael Cleary was happy for this overlap. Ruth C noted her Unit has overlaps in a couple of areas.

Simone queried if the Public Service Commission (PSC) were identifying staff numbers, structure and capping of staff numbers for QH. Bill advised that the PSC is not going to advise us how many FTE we will have. It was queried if we are given a particular number do we have staff that would fit. This procedure has commenced in the Department of Communities (DoC).

After Michael Cleary advises Bill to go ahead Directors can discuss portfolios of work that may go to the MHC. Options are being considered but no decision made yet. Bill will receive advice today and after another meeting on Tuesday 17 July 2012 Bill will share the outcome with staff. Sandy noted that the Director-General has a different view to the Deputy Director-General about the MHC. It was noted that the MHC will be modelled on the NSW structure.

Steve was advised that the NSW government have withdrawn funding for the Drug Court and JAG is repealing funding. Discussion was held on the complexities if Drug Court isn't continued due to low completion rates. A question was raised as to whether QH should have those kinds of programs. Steve said that there was a phone call on Friday advising that a Magistrate said that the Drug Court is dead and they're not seeing anymore clients. Steve has had calls from NGOs who have commitments and are querying how to pay for them.

a. ELT Update

Corporate needs to find savings across the whole of CHO. 23.1M \$ saving to be applied across the whole CHO base (8%). Funding for Mental Health will be reviewed in September.

3.2 Directors Update

Sandy spoke about a work cover policy for consumers and carers that should be finalised before the end of the month. It was agreed that 20 people would be covered.

Steve and Sandy were querying current committees and what governance arrangements might look like.

MHPIU have not provided a report but they have significant issues. Although this has not been communicated outside of Executive, Redlands is not going ahead. The Director-General has given approval for that to cease. A communication plan will need to be provided and then look at a process for what happens to the Barrett Adolescent Centre and Steering Committee on future care. This information is for Executive only. A decision was made not to rebuild that way on that site. Services will still be delivered until a replacement service is available. At the start of this process the HHF regional project included CCU and older sub-acute around the State. Agreement has been signed off on Rockhampton, Bundaberg, Sunshine Coast and Darling Downs for CCU by the State. Older sub-acute and acute beds are going to Hervey Bay. Older beds will go to Darling Downs and Maryborough.

Communication will need to be addressed about Hospital Health Fund (HHF). There are four HHR offers. The latest is round three. As part of that process we can provide beds at Baillie. There will be a change management process around that. Nic has advised that health service agreements are now available on the web.

ACTION:

1. Leanne Geppert to send through the link on service agreements.

Janet queried what needs to happen to progress the mental health clinical network, what the time frame is to take forward and who has carriage. The State-Wide Mental Health Network (SWMHN) has been disbanded and there is a need to look at what replaces it. SPU were preparing a discussion paper. Executive discussed the following current and future committees.

1. SWMHN – Should link to Clinical Senate – Mental Health Clinical Network (MHCN) to be established and will take over a number of functions from the other groups.
2. Clinical Governance State-wide - Mental Health Clinical Network
3. Senior leaders forum - Mental Health Clinical Network
4. Clinical collaborative - Mental Health Clinical Network
5. Benchmarking Unit
6. Performance Steering Committee
7. Mental Health Plan Implementation Steering Committee
8. Clinical Clusters
9. QMHRC (WOG) - to go to MH Commission
10. MHWAC

Leanne suggested looking at the purpose of the meetings and goals etc and if the Clinical Network would focus on a particular agenda.

Bill confirmed there is a need to establish a Mental Health Clinical Network.

Discussion was held on whether the Senior Leaders Forum needed to be discontinued. An analysis or review needs to be undertaken on the role of the current committees and look at what Committees worked well. The Mental Health Clinical Network needs to have a particular role.

The Senior Leaders Forum needs to ensure consistency is happening over the 17 areas and that it has a discreet task. There is also a need to ensure integrated planning and corporate governance happens.

Leanne noted that the Mental Health Plan Implementation Steering Committee worked well and had a good purpose.

Ruth advised that her Unit manages service agreements and receives performance and funding reports and people can ask to see these reports.

Things to consider are - What do we need, what have we got, what is working effectively. There is a need to capture all stakeholders and to be a seat on the Senate as one of the provisions. State-Wide Clinical Network is to stay on the Senate. Mental Health Clinical Network would need to support the System Manager role and what modifications need to be made to the Model of Service and Clinical Governance Framework.

Leanne spoke about outreach as well as in reach and noted that no agenda will be

able to cover everything. There was a suggestion that performance benchmark groups could lead into the Steering Committee. Program areas need to be considered and be program focussed not person centred. It was noted that although the Directorate doesn't undertake research, Queensland Centre for Mental Health Research (QCMHR) is funded through the Directorate and indirectly have contributed to a lot of positions in Metro South. QCMHR sent Bill their business plan recently. Research costs them almost minimally as contribution is huge.

Ruth is going through a process of prioritising functions in their area.

The Mental Health Clinical Network might have a number of pillars based on the Western Australian (WA) structure. PAP is to lead the discussion paper with coordinating a large number of meetings and not to duplicate. Need to reflect on problems – access providing evidence based treatment, reporting outcomes, stigma (Mental Health Reform Committee [MHRC]), and continuity.

ACTION:

2. Rob Troy for PAP to take the lead to look at the ToR from all meetings/committees by 30 July 2012.

ACTION:

3. Each unit to nominate a representative. Rob to send feedback to Exec by 20 July 2012.

4. Previous and standing items

4.1 ABF & MH Schedules

Ruth is in conversations with a group to put up a tender to define mental health. Prof Harvey Whiteford is pulling together a consortium. QH would be prepared to support them if they were successful. If they abolish the previous working group, Bill will be the Qld representative on the new working group on mental health. Tasmania and WA have 2 seats each and other jurisdictions have 1 seat each. There will be two representatives from the National Mental Health Council (NMHC) and experts from NSW as well as representatives from the Mental Health Council of Australia (MHCA). Work will progress and will need a separate classification for mental health. The ABF model would help. MHCASS DRGs fail to predict more than 60% of cost bearing in mental health. It was noted that there will be provider variation. Implementation of national standards is among a range of things. There are also models of service. ABF will start to ramp up and could provide a focus.

4.2 National Health Reform

No more information on EPPIC.

Roadmap is progressing and feedback was required. This needs to go to the Senior Officers Meeting (SOM). It is supported in principle but would not sign up for indicators and Ministers haven't agreed. It will be a SOM noting.

Ruth commented on the roadmap. MHIU provided feedback through Nicole but none of that feedback is included in information to Premiers and Cabinet eg suicide not reporting properly.

4.3 Operational Issues – VSP, EMP, DoC MOG

Ruth noted MHIU have permanent vacancies and temporary positions have been submitted to be abolished. There has been a VSP in CIMHA. There have been a range of other positions waiting for evidence of a green light before progressing. Bill advised that Joe Riverstone had to send a list of vacancies up to CHO which would then go to the Public Service Commission (PSC). The PSC will be looking at vacancies and who can be dropped into them from other departments. Leanne noted that we could get someone from another department to a vacant AO7 position.

Bill has an AO8 position in case Sean returns. The Directorate needs to hold on to all vacancies until the process is complete. There will be a ground up zero based budget and need to look at what work is to be done and how many people there will be to undertake that work.

Ruth queried the time frame for the restructure of the functional map. Bill may find out on Tuesday 17 July 2012 when the Directorate can consult with staff. This could be from Friday 20 July 2012 or Monday 23 July 2012 on realigning work programs. Renee will be looking into a Business Case. Phil Carswell wants Bill to respond to feedback.

Sandy noted that there was limited capacity for work to be undertaken in her area.

Once the EMP process is known the Directorate needs to look at its role. There are questions around role and responsibilities on contracts management and HASP. Leanne noted that the new staff from DoC used to work in various teams and that most of the work needs to continue. A process is needed to monitor and review how the structure works. CSU have skills and knowledge. This can be reviewed at the four week mark on how things are settling but the deadline may need to be brought forward.

ACTION:

1. Simone Caynes to talk to Jill Whitehead about programs and specific issues.

Ruth queried how the AOD work will or won't be incorporated in the framework. Steve A is meeting with Michael Cleary on Tuesday 17 July 2012. Bill presented the structure to DG, CHO and Michael Cleary and all were in agreement. Steve has a concern with the proposed structure and will discuss this with Michael Cleary. If nothing is changed the structure will go ahead as planned.

Steve has matched staff and functions from the plan and noted that staff haven't been consulted yet.

Leanne noted that staff were upset at the forum that AOD wasn't happy to stay with Mental Health and didn't want to be a part of the Directorate.

Sandy noted that the Hub has gone to PAP.

Leanne noted that communication needs to go out about the change and we need to treat people accordingly and manage any individuals affected by the change.

Rob said that he did not understand why there were separate teams instead of being incorporated into the whole Directorate.

Bill noted that the 10 silos that we used to have do not make sense.

Simone noted that priorities around ATSI Consumer and Carer are clearly identified as responsibilities.

Sandy noted that if the MHC was a statutory authority then it can't receive appropriation from Treasury. Funding needs to come through the department and a submission would need to be prepared to obtain additional resources. Regarding

	establishment around \$4 to \$4.5M will be allocated internally to establish the MHC.
5. New Business	<p>5.1 Frequency of Exec meeting</p> <p>a. Executive agreed to hold additional Exec meetings weekly from 11.00 am to 1.00pm for the next two months.</p> <p>ACTION:</p> <p>1. Secretariat to send additional appointments to Executive.</p>
Meeting closed at 1:00pm	
Next meeting	<p>NOTE DATE and TIME: 23 July 2012 – 11:00 am - 1:00 pm, Room 2.3</p> <p>Monthly Unit's Update for July 2012 – due to Secretariat by COB, Wednesday, 15 August 2012</p>

DRAFT

Actions Register				
Item No.	Action Required	Responsible Officer	Due Date	Completion Date / Progress Update
120716.3.1	Circulate brief to Exec members.	Bill Kingswell	23/7/12	
120702.3.2.1	Send through the link on service agreements.	Leanne Geppert	23/7/12	
120702.3.2.2	Take the lead to look at the ToR from all meetings/committees by 30 July 2012.	Rob Troy	30/7/12	
120702.3.2.3	Each unit to nominate a representative. Rob to send feedback to Exec by 20 July 2012.	All members	20/7/12	
120702.4.3.1	Talk to Jill Whitehead about programs and specific issues.	Simone Caynes	23/7/12	
120702.5.1.1	Send additional appointments to Executive.	Secretariat	16/7/12	
120702.1d:	Compile a table of the four critical positions waiting to be extended and send to mhd_dchocorro.	Sandy Gillies	23/7/12	