Meeting with Minister for Health - 14 December 2012

In attendance from West Moreton Hospital and Health Service:

- Dr Mary Corbett, Chair, West Moreton Hospital and Health Board,
- Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service and
- Sharon Kelly, Executive Director, Mental Health and Specialised Services.

Proposed Talking Points for Executive Director Mental Health and Specialised Services

Introduction

Historically, the mental health services within West Moreton Hospital and Health Service (WMHHS) has functioned, been managed and resourced as distinct separate services which includes a range of statewide responsibilities such as forensic medicine. This has led to a disconnect between services that has not had strong integrated leadership, and reduced opportunities for efficiency with significant cultural barriers to any proposed changes.

The future vision to provide high quality, safe and responsive services, reflecting contemporary models of care and ensuring highly specialised components of The Park are safe and meeting community expectations, requires a range of organisational redesign, staffing changes, cultural levers and operational efficiencies. Barriers and behaviours within the Mental Health Services must be addressed for future success.

In West Moreton Hospital and Health Service (WMHHS), the newly created division of Mental Health & Specialised Services currently consists of:

- Integrated Mental Health Services (IMHS),
    - acute inpatient and older person unit 44 beds
    - Range of community based programs
- The Park- Centre for Mental Health (The Park)
    - High Secure Inpatient Services 70 + 20 new Beds
    - Secure rehabilitation services 34 beds
    - Extended Treatment and Rehabilitation 43 beds
    - Barratt Adolescent Centre 15 beds
- Queensland Centre for Mental Health Research
- Queensland Centre for Mental Health Learning
- Offender Health Services (OHS)
    - 1467 beds across Brisbane Correctional, Wolston Prison and Brisbane Women's Prison
- The Drug Court Program (which will cease by 30 June 2013).

Current challenges and opportunities

1.Service Redesign

Rationale

- It is proposed to develop a revised single integrated organisational structure for MH&SS, WMHHS. Integration will allow consistency of effort, efficiencies of resources increased quality and governance focus and opportunities to challenge cultural norms.

Major Changes

- Acknowledging and enforcing a patient focused service will result in reporting structure changes that will see the patient advocate and safety and quality roles report directly to the Executive Director.
- Leadership and senior organisational structural changes will be made that will result in changes to senior medical, nursing and Allied Health structures and staffing reductions.
- Addressing current staffing inefficiencies and duplication of effort will result in reductions to no longer required positions.
- Challenging current effort and clinical practices across a range of inpatient areas to ensure quality, contemporary care will result in practice and cultural changes and potential reduction in staffing.
- Changes to current overtime and rostering practices have already commenced but will need strong ongoing multi level support to make lasting changes to poor cultural practice. Changing practice has resulted in changes to individual's income.
- Introduction of nursing skill mix changes in 2013 will see a reduction in registered nurses across The Park with commensurate increase in Enrolled Nurses.
- Security of the facility has been reviewed and potential models are yet to be finalised. One option that would ensure efficiency, patient staff and community safety and best practice security for The Park is for contracting out of the service.
- It is proposed major redesign to structures and staffing within the Offender Health Services will result in improved primary health care focus and care for prisoners. Any change within the Correctional centres will have a significant industrial focus and require close partnership and consultation between Corrections and Health.

Risks/actions moving forward

- Any proposed organisational changes or efficiencies have been assessed against the current West Moreton 2012/13 Service Agreement with the System Manager and will ensure the intent of schedule 9 (Mental Health and Alcohol and Other Drugs Treatment Services) remains intact.
- A detailed Business Case for Change has been developed outlining the scope of change, processes for communicating and managing staff, managing sensitivities and risks and the transition to the new organisational structure.
- Any change to staffing, cultural practice or models of care will have a significant resultant industrial focus, in particular at The Park.

2. Leave for special notification forensic patients (SNFP)

Rationale

- Post the recent absconding of two SNFP from The Park the leave entitlements of particular patients received a great deal of attention subsequently resulting in a range of new processes being implemented or enhanced.

Major changes

- A review panel under the delegation of the CE WMHHS has assessed all indicated patients and been provided a new risk assessment with recommendations from the panel for re-establishing leave.
- Protocols and processes for security and searches of patients has been audited and improved practices in place.

- An ongoing process for patient leave and transfer is being established

Risks/actions moving forward
- Further actions may take place on understanding the intent and finalisation of current proposed changes to legislation.
- Forms of patient monitoring have been investigated.

3. Incident/issues Communications

Rationale
- With the establishment of the Hospital and Health Services governing Boards, a revised communication process was required. Particular significant event issues highlighted the need to ensure all stakeholders remain connected and informed in a timely manner.

Major changes
- Notification process of patient absences (particularly SNFPs) have been reviewed Initial meeting held with Deputy Commissioner Police and MHAOD branch to formulate shared response and information sharing requirements

Risks/actions moving forward
- A working party will develop communication/ information sharing pathway that are reflective of proposed MH Act changes

4. Barratt Adolescent Centre (BAC)

Rationale
- As the Redlands Unit Project has ceased and there is no longer a capital allocation to relocate BAC, an alternative contemporary, statewide model(s) of care must be developed to replace the services currently provided by BAC.

Major changes
- An expert Clinical Reference Group consisting of experienced multidisciplinary child and youth mental health clinicians has been formed to recommend alternative model(s).
- The West Moreton Hospital and Health Service Board has approved the governance of this process which will occur in partnership with Mental Health Alcohol and Other Drugs Branch.
- While there has been significant media interest and stakeholder angst, this is being managed through a communication and stakeholder engagement plan.

Risks/actions moving forward
- With the development of alternative models(s), a number of assumptions exist:
    - services currently provided by BAC will not remain on the campus of The Park post June 2013**.**
    - endorsed model(s) of care will be incorporated into forward planning for the implementation of components of the remainder of the *Queensland Plan for Mental Health 2007-2017***.**
    - there will be robust evaluation criteria applied to determine the quality and effectiveness of the endorsed model(s) of care.

  - existing recurrent funding for BAC and the additional future funding earmarked for the former Redlands Unit will be utilised to fund the endorsed model(s) of care for this adolescent consumer group.
  - the endorsed model of care will be implemented in a two staged process, ie it will initially be applied to meet the needs of the current consumers in BAC and then implemented more widely across the state as per the parameters of the endorsed model of care.
- It is possible that the project may be constrained by a number of factors including:
  - resistance to change by internal and external stakeholders
  - insufficient recurrent resources available to support a preferred model of care
  - insufficient infrastructure across parts of the State to support a changed model (eg skilled workforce, partnerships with other agencies and accommodation requirements)
  - a delay in achieving an endorsed model of care**.**

5. Extended Forensic Treatment and Rehabilitation Service (EFTRU) opening early 2013- new 20 bed unit

Rationale

- The EFTRU has been designed to meet the needs of High Secure Inpatient Service (HSIS) consumers who no longer require the physical/procedural security of high security.
- There are a number of HSIS consumers who can be managed in less restrictive settings however remain within the HSIS perimeter due to the slow rate of Limited Community Treatment (LCT) progression.
- These consumers routinely access approved unescorted grounds and community leave.

Major changes

- The Model of Service Delivery in EFTRU will be about supporting skills development which can be generalised to community settings such as supported/independent living arrangements and community care units.
- EFTRU will be a part of The Park's Authorised Mental Health Service and not HSIS.
- As it is an open setting ie no external security fence (other than a domestic residential type fence) there will be the ability to transfer consumers back to HSIS should they become unwell. Consumers in EFTRU will be well engaged with the clinical team and their risk profile will be well understood and monitored.

Risks/actions moving forward

- EFTRU is situated outside of the HSIS campus and so will not have the same level of physical and procedural security as HSIS.
- The clinical team has developed a very comprehensive risk assessment process that will involve the Director of Mental Health who will give the final approval for the transfer of a consumer's Forensic Order from HSIS to The Park.
- Thomas Embley have introduced a similar service and lessons learnt from their processes will be considered in the opening of this service.

6. Accommodation fees for consumers at The Park-Centre for Mental Health

Rationale

- In 2011/2012, West Moreton Health Service District wrote off $2.3 M in total of accumulated bad debt. Previous years averaged $350,000 in write offs.
- Total accommodation fees invoiced for 2011/2012 was $1.3M. Previous years averaged $1.4M.
- Since 1 July 2012, accommodation fees for patients at The Park-Centre for Mental Health (The Park) are charged as per *Health Service Directive – Own Source Revenue* (Directive #QH-HSD-2012).
- Prior to 1 July 2012, fees and charges were charged in accordance with the previous Administration of Part 4 – Health Services Regulation. These guidelines outline that 66.67% of a patient's Centrelink payment should be charged for patients receiving extended treatment and rehabilitation. The guidelines also outline the process for approval of waivers and the writing off of bad debt.
- It is not uncommon for an involuntary patient to refuse to pay for accommodation. At The Park there are currently 136 involuntary inpatients, which equates to 92% of the total 148 inpatients.

Major Changes

- Significant collaboration and effort has been made this financial year to promote the payment of patient fees. A number of patients who were previously not paying fees are now making part payments.
- Currently:
    - 21 patients are on full waivers
    - 15 patients are refusing to pay
    - 38 patients have committed to part payments
    - 74 patients have committed to paying in full

Risks/actions moving forward

- West Moreton HHS is continuing to examine ways of increasing its own source revenue through increasing compliance with the payment of accommodation charges at The Park.
- The previous guidelines and the current Directive are silent on whether involuntary patients (under the *Mental Health Act 2000*) can be forced to pay for accommodation.
- As per the *Mental Health Act 2000*, an involuntary patient's right to make decisions about other health care issues (non mental health treatment) and financial and personal matters is not affected by being an involuntary mental health patient.