

CONFIDENTIAL - WM HH Board Meeting 24 May 2013

Potential Queries/Priorities

1. Community and Political response to BAC closure:
 - ❖ Historically, strong community and media interest to keep BAC open.
 - ❖ Current local MP supports BAC to remain open.
 - ❖ Reassure that services will not cease altogether if BAC closes – the needs of this consumer group will still be met, and importantly, will be met closer to their own homes and community.
 - ❖ Regional and rural services need better access, particularly for medium and long stay treatment types targeted towards adolescents.
 - ❖ Other services within the CYMHS program spectrum are being expanded (Townsville and Toowoomba Acute and Day Program, move to add more Day Programs across Qld, move to introduce NGO services).
 - ❖ Will prepare comprehensive communication plan.
 - ❖ 4 month lead in time will support the closure process.
2. Any costs to close BAC:
 - ❖ MHAODB has committed funds from QPMH to support closure project, and indicated commitment to resourcing a transition process (staffing and consumer movement).
 - ❖ Propose establishing an overarching committee within WM HHS to lead closure process – one of the workgroups will be managing financial processes.
3. Minister for Health's position:
 - ❖ Has been kept updated – strong interest.
 - ❖ Interested in value for money service provision that is closer to patient homes.
4. Alternative service options:
 - ❖ As suggested by ECRG.
 - ❖ Consumers will still be able to access extended treatment and rehabilitation – but within a more contemporary service model. Includes WM consumers.
5. Process for communicating Board decision:
 - ❖ Comprehensive and sensitive communication plan for staff, consumers, sector stakeholders, community etc.
 - ❖ Sector stakeholders anticipated to support closure option and work in a positive way with WM HHS around closure and patient transitions.
6. If BAC doesn't close:
 - ❖ Clinical risks evident. Would need to implement immediate actions around current staffing and service model.
 - ❖ Possible that ED of MHAODB may pursue options to forcibly close service due to patient risk.

- ❖ Would need to remove service from the current site and find another site/location to deliver service from – cannot stay at the Park. No \$ to support this, and wouldn't be supported by Dept of Health.
7. If BAC closes:
- ❖ Bring in senior clinician to support transition and closure. Funds available for this.
 - ❖ 4mths identified as suitable timeframe because majority of current patients are 17 or over, and have had extended lengths of stay beyond 12mths (which was indicated as admission timeframe by ECRG).
 - ❖ Should immediately instigate a 'no new admissions' policy for BAC.
8. Plans for transitioning staff:
- ❖ Range of options will be provided, in line with broader Park and HHS strategic directions for workforce planning.
 - ❖ Propose establishing an overarching committee within WM HHS to lead closure process – one of the workgroups will be managing Human Resource and IR processes.

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