

Submission No 5

**FOLLOW UP OF THE AUDITOR-GENERAL'S
PERFORMANCE AUDITS SEPTEMBER 2010 - FEBRUARY
2011**

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Date Received: 16/04/2012

Theme:

Summary

P12/125

Mr Jonathan O'Dea MP
Chair
Legislative Assembly
Public Accounts Committee
Parliament of NSW
Macquarie Street
SYDNEY NSW 2000

Dear Mr O'Dea

Auditor-General's Report on Mental Health Workforce

I refer to your letter of 28 February 2012 requesting a submission outlining NSW Health's response to the Auditor-General's *Report on Mental Health Workforce*, tabled December 2010.

On 6 December 2010 NSW Health provided a response to the Auditor General's recommendations in relation to this matter (pages 8-11 of the Auditor General's report).

Accordingly, the attached completed table outlines NSW Health's progress on implementing each of the recommendations since 2010.

The person to contact for further information or assistance is Mr David McGrath, Director, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, on 9391 9262.

Yours sincerely



Dr Mary Foley
Director-General

12-4-2012

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NSW Health submission

**PERFORMANCE AUDIT – Mental Health Workforce
IMPLEMENTATION OF RECOMMENDATIONS**

RECOMMENDATION	ACCEPTED OR REJECTED	NSW HEALTH'S RESPONSE OF 6 DECEMBER 2010 (Pgs 8-11 of the AG's Report)	DUE DATE	STATUS (completed, on track, delayed) and COMMENT	RESPONSIBILITY (Section of agency responsible for implementation)
<p>Improve planning:</p> <p>1. By January 2012, NSW Health should ensure all local health services:</p> <p>1.1. improve data quality to provide reliable information on the size and profile of the current workforce for internal planning and external reporting [p18]</p>	Supported	<p>a) The implementation of the State-wide Management Reporting Tool (SMRT) project, as referenced in the Performance Audit Report, will considerably improve data quality in relation to human resource and financial management across the NSW Health system. The financial side of the project is advanced. Training has been provided across the state to key finance staff in Area Health Services. Net Cost of Service (NCOS) reporting is currently being piloted and we are targeting January 2011 (reporting in February 2011) as the 'go live' for NCOS and capital reporting. Functionality for the recurrent and capital budget management will be tested in the first quarter of calendar 2011. The timeline for the Human Resource side of the project is still being developed. It is likely that human resource reporting tools will not be fully implemented across all health networks until 2013.</p>	01/2012	<p>On track and on-going.</p> <p>The State-wide Management Reporting Tools (SMRT) project has been rolled out to all Local Health Districts (LHDs), Health Networks and Health entities.</p> <p>Training has been provided to all key finance staff in LHDs.</p> <p>SMRT is now operational for the recurrent budget. Capital budget management module is being finalised with anticipated roll out across the state on 1/7/2012.</p> <p>Development of the Human Resources side of the project is on-going.</p>	Finance and Business Management, Ministry of Health

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		<p>b) In the interim period, the Department will continue to use the Mental Health Establishments National Minimum Data Set reported annually, supported by Mental Health KPI reporting processes monthly, and reconciled 6-monthly ('Attachment C' Reports). Following from the IAB Services SPF Review, the Mental Health and Drug and Alcohol Office has done considerable work to improve the integration and integrity of the data sources, and has worked closely with Area Health Services in improving data quality. This work will continue and be enhanced by the current processes to map cost centres for the transition to the new Local Health Networks, and the current project of the Mental Health and Drug and Alcohol Office to develop a state-wide mental health project code structure.</p>	01/2012	<p>On track.</p> <p>MHDAO continues to use the Mental Health Establishments National Minimum Data Set and other systems to monitor workforce while SMRT is rolled out.</p>	Mental Health and Drug and Alcohol Office (MHDAO)
<p>1.2. determine what mental health services and workforce are being and will continue to be funded by local health services [p18]</p>	Supported	<p>a) Local Health Networks (LHNs) are currently being established in response to national health reform agenda. As part of the due diligence processes for the LHN transition, Area Health Services have been mapping all existing services, including Mental Health, and their corresponding cost centre structures. The Mental Health program will be clearly identifiable in the General Ledger structure of the new Health financial system.</p>	01/2012	<p>On track.</p> <p>The LHDs Mental Health program cost centres are available in SMRT. LHDs Mental Health program budget and expenditure are available upon request to the Ministry of Health via SMRT.</p>	MHDAO And Finance and Business Management
<p>1.3. have consistently developed mental health workforce plans, which cover existing (including pre-2006) and planned services and are</p>	Supported	<p>a) In 2006, the Council of Australian Governments (COAG) National Action Plan on Mental Health 2006 – 2011 was agreed, to help drive ongoing reforms within the National Mental Health Strategy and bolster the diverse specialist mental health service sector. This included an 'Action Area' to increase workforce</p>	01/2012	<p>On track and on-going.</p> <p>The Mental Health Workforce Strategy and Plan was endorsed by the Australian Health Ministers' Conference in September 2011. An</p>	Mental Health and Drug and Alcohol Office (MHDAO)

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integrated into a state wide plan [p25]		<p>capacity with workforce also a priority area for the new Fourth National Mental Health Plan that was agreed in September 2009.</p> <p>A new National Mental Health Workforce Strategy is currently being developed under the Fourth Plan with participation by all jurisdictions. It is focussed on five outcomes areas:</p> <ul style="list-style-type: none"> ▪ developing, supporting and securing the current workforce; ▪ building capacity for workforce innovation and reform; ▪ building supply of the mental health workforce; ▪ building the capacity of all health and community service providers; ▪ collecting accurate, timely and quality data on Australia's mental health workforce with well designed and integrated data collection systems. <p>The draft Strategy is currently being considered by relevant advisory committees to the Australian Health Ministers' Conference. Once finalised, NSW Health will incorporate its principles into a state wide plan.</p>		implementation committee is being established and includes a NSW Health representative.	

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		<p>b) NSW Health has already developed a Planning Toolkit to facilitate development of Workforce Plans. The toolkit provides a systematic and consistent approach to workforce planning linked with service planning, across all workforce categories. In their responses to the Performance Audit Report, all Area Health Services have indicated they already have Area-based workforce plans.</p>	01/2012	<p>On track.</p> <p>The toolkit has been developed and is available to NSW Health organisations, including LHD's, however is not published and is not publicly available.</p> <p>A 10 year Health Professionals Workforce Plan for NSW Health is being finalised for release by the Minister mid-2012. Better integration of service and workforce planning has been identified as a strategy with actions to undertaken.</p>	<p>Workforce Planning and Development, NSW Ministry of Health</p>

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<p>Use mental health funds as intended:</p> <p>2. By July 2011 NSW Health should ensure:</p>					
<p>2.1. Mental Health Directors have direct reporting lines to their Chief Executives including authority over the budgets and delegation to recruit mental health workers (subject to CEO approval) [p25]</p>	<p>Supported with qualification</p>	<p>a) On 21 April 2005 the former Director-General gave direction to Area Health Service Chief Executives to this effect. In responses to this Performance Audit Report, most Area Health Services have indicated that Mental Health Directors are closely involved in the various transition processes as Areas move toward LHN structures. Mental health requirements in regard to budget authority and recruitment delegation in relation to mental health service networks will be clearly articulated as part of the transition to the new structure. Guidance will be provided by the Department.</p>	<p>07/2011</p>	<p>On-going.</p> <p>Following the establishment of the Local Health Networks on 1 January 2011, the former Area Mental Health and Drug & Alcohol Directors were placed in the Health Reform Transitional Organisations (HRTOs).</p> <p>On 28 February 2011 the then Deputy Premier and Minister for Health issued a Ministerial Direction to all Local Health Networks [Districts] stating:</p> <p>"In administering the delivery of mental health services, the Chief Executive is to ensure the following:</p> <ul style="list-style-type: none"> i. all budget and other resources allocated to the LHN for the purposes of the delivery and management of mental health services are not to be used for any other purpose; ii. compliance with the Mental Health Services components of the Service and Performance Agreement between the Director-General and the LHN; 	<p>Local Health Districts</p>

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				<p>iii. a position of Director of Mental Health Services is established for the LHN with responsibility for the mental health program covering the full range of specialist community based through to acute mental health services;</p> <p>iv. where appropriate, one Director may be appointed to manage both mental health and drug and alcohol functions; and</p> <p>v. the Director of Mental Health Services has direct access and reporting lines to senior management (the Chief Executive or a tier 2 position) on mental health policy matters."</p> <p>MHDAO has worked with Workplace Planning and Development Branch and is seeking input from the former Area Directors, HRTO Chief Operating Officers and Local Health District Chief Executives in relation to:</p> <ul style="list-style-type: none"> Finalising position descriptions in relation to mental health and drug and alcohol leadership roles; 	

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				<ul style="list-style-type: none"> Identifying where combined or separate positions are suited to a LHD's requirements to support grading of those positions; and To support the recruitment process for Mental Health Directors as a priority. <p>Subsequent progress toward recruitment and appointment of Mental Health Directors was dependent upon the outcome of the health system Governance Review undertaken by the newly appointed Director-General. The Director-General's future vision is outlined in <i>Future Arrangements for Governance of NSW Health</i>. Available at http://www.health.nsw.gov.au/resources/govreview/pdf/governance_report.pdf</p> <p>Subsequent recruitment to the Mental Health Director positions has been a priority. The majority of Mental Health Directors are now in place and the remainder are in the process of being finalised.</p>	

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<p>2.2. overhead charges made against mental health programs by other health services are appropriate and transparent [p25]</p>	<p>Supported</p>	<p>a) This was a key recommendation and action from the IAB Services SPF Review. The Department is developing guidelines on cost allocations which will describe overhead charges and other administrative and corporate charges and how they should be attributed to programs. Once full functionality is established, SMRT will provide capability to closely monitor charges attributed to Mental Health Programs .In addition, as part of the transition to Local Health Networks, NSW Health is reconfiguring its accounting systems to enable discrete reporting for Mental Health services.</p>	<p>07/2011</p>	<p>On track and on-going</p> <p>SMRT is being rolled out and further efforts are underway to associate the mental health program budgets at a LHD level through SMRT including tracking overhead charges. Advice for allocating overhead costs to programs is issued each year as part of the preparation of annual financial statements.</p> <p>Further reconfiguration of the NSW Health accounting systems to enable the discrete reporting of Mental Health services will be considered once the NSW Mental Health Commission is established and the financial reporting needs of the Commission are identified.</p>	<p>Finance and Business Management</p> <p>And</p> <p>MHDAO</p>
<p>2.3. local health networks report against agreed benchmarks for the distribution of their workforce between community and hospital based services [p23]</p>	<p>Supported with qualification</p>	<p>a) 'Benchmarks' are not the most appropriate tools to promote a flexible workforce geared to meet the operational needs of the local health setting. The Department already has an internationally recognised population-based service planning tool, the Mental Health Clinical Care and Prevention (MH-CCP) Model, which covers the full spectrum of mental health care services in NSW. The Department will continue to use the MH-CCP Model as a guide for service planning and to assist on decisions of future investment; however, workforce distribution should be determined based on the particular circumstances of the particular LHN. It is the</p>	<p>07/2011</p>	<p>On track and on-going.</p> <p>During 2008-10 MHDAO managed the process of revising MH-CCP to version 2010. MH-CCP 2010 is a population based tool that uses the evidence on rates of illness combined with care packages defined by clinical experts to estimate the numbers of clinical staff and other treatment resources for an average population of 100,000 people in NSW in the most recent census year, 2006. In April 2011 the model was endorsed by the Mental Health</p>	<p>MHDAO</p> <p>And</p> <p>LHDs</p>

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		<p>expectation that, once workforce targets are agreed, the LHNs will report against those targets through the established performance reporting processes.</p>		<p>Program Council. Tables summarising the predicted need for bed, clinical Full Time Equivalent (FTE) and program place resources have been forwarded to LHDs.</p> <p>MHDAO is currently contracted by the Commonwealth to develop the national equivalent of the MH-CCP Planning Tool. This additional work will be complete in June 2013.</p> <p>All LHDs report Mental Health-related FTE through the annual Mental Health Establishments National Minimum Data Set (MHE NMDS) report. The 2010/11 report is currently being compiled.</p> <p>Through its 'Milestones' Reporting process, MHDAO requests reports from each LHD on Community FTE establishments, current vacancies and actions to address those vacancies. Reports are submitted on a quarterly basis and addressed with LHD Chief Executives at their performance meetings with the Ministry established under the Health system's Performance Management Framework.</p>	

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<p>2.4. the average recruitment time to fill a position is reduced to nine weeks [p25].</p>	<p>Supported with qualification</p>	<p>a) Whilst the nine weeks recommendation is desirable, it is not necessarily achievable, particularly when recruitment time is considered to be the time from the decision to advertise the position to the letter of offer being provided to the successful candidate. Time to recruit is also greatly reliant on the availability of an appropriately skilled workforce (particularly vexing for rural locations) and the additional recruitment and credentialing processes required for certain positions such as staff specialists. The e-recruitment system currently being implemented throughout NSW Health will assist with monitoring timelines for recruitment.</p>	<p>07/2011</p>	<p>On track and on-going.</p> <p>The new governance arrangements announced by the Director-General (in <i>Future Arrangements for Governance of NSW Health</i>) highlight the importance of the reintroduction of localism and role clarity in the area of recruitment services. The proposed devolution of General Recruitment Services currently undertaken by HSS back to LHDs and Networks recognises that scale benefits have not been proven to outweigh the flexibility and responsiveness that comes from locally managed services.</p> <p>The Director-General has established a Program Management Office to undertake implementation planning required to support the system through the structural transformation.</p> <p>The Ministry of Health has established a statewide recruitment committee to provide governance to the recruitment system and streamlining of the operations and recruitment policy.</p>	<p>LHDs</p> <p>And</p> <p>Workforce Planning and Development</p>

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<p>Improve continuity of care: 3. By January 2012 NSW Health should ensure all local health services:</p>					
<p>3.1. expedite action to integrate mental health services and build partnerships with non-government organisations, private clinicians, other service providers, consumers and carers [p19]</p>	<p>Supported</p>	<p>a) There has been a considerable body of work done with partner services across the State and at Area Health Service level. This includes but is not limited to Departments of Housing, Education, Community Services, Aging Disability and Home Care, Residential Aged Care Facilities, Divisions of General Practice, Police, Ambulance, local Councils and Aboriginal Community Controlled Health Services. Specific examples follow: b) The Housing and Accommodation Support Initiative is a model example of what can be achieved when Agencies such as Health and Housing and the NGO sector can work together</p>	<p>01/2012</p>	<p>On track and on-going. Programs continue to be implemented and developed to support the integration of Mental Health Services, partnerships with NGO's and the private sector.</p>	<p>MHDAO</p>
				<p>HASI is a joint initiative between the NSW Ministry of Health and Housing NSW with NGOs playing a central role in the HASI partnership model. The HASI Program currently delivers 1,135 accommodation support packages across NSW. HASI demonstrates the benefits of a partnership approach in facilitating improved outcomes and community participation for people with a mental illness. The NSW Ministry of Health is currently negotiating with the Commonwealth Government regarding expansion of the HASI program.</p>	
		<p>c) Three Ts Project (Training, Treatment, Transferring knowledge) brought together the Department of Health and Ageing, NSW Health and General Practice NSW to work in partnership to improve the clinical management</p>		<p>The Three Ts Project funded and supported clinical placement for GP's, mental health workers and drug & alcohol workers in each other's organisational setting. A total of 52</p>	

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		<p>and treatment of people with mental illness and drug and alcohol disorders.</p> <p>d) NSW Health has also undertaken a number of initiatives to enhance GP's knowledge and skills in mental health and to promote improved communication between Area mental health workers and GPs for the benefit of mental health consumers in the community. In addition to local Area mental health / GP activities, NSW Health funds the Institute of Psychiatry for the only post graduate Mental Health qualification for GPs in Australia. The training program offers day workshops, scholarships and education courses to Certificate, Diploma and Masters level.</p>		<p>GPs undertook placements in both a mental health and drug and alcohol setting. This Project has now been completed. It is anticipated that further action associated with this Project will be driven by Medicare Locals as they are established.</p> <p>In 2011 a total of 192 GPs enrolled in a variety of mental health education programs offered by the NSW Institute of Psychiatry. 16 GPs completed a Post graduate qualification at the end of 2011. 11 completed the Graduate Certificate in Mental Health, 1 completed a Graduate Diploma of Mental Health and 4 completed a Masters of Mental Health.</p>	

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		<p>e) A review of Shared Care was commissioned by MHDAAO to provide recommendations for improving collaboration, communication and coordination among services for people with mental health problems.</p> <p>The <i>'Linking physical and mental health...it makes sense'</i> initiative was launched in 2009 to improve the physical health of mental health consumers. One of its key goals is to encourage greater collaboration between health care providers, in particular between GPs and mental health services. The Policy and Guidelines associated with this initiative are currently being implemented by LHDs and include the requirement for services to develop a strategy to better engage with local GPs to ensure that mental health consumers receive regular physical health care assessments and ongoing care for physical health issues. As part of this initiative, local workshops are planned for the first half of 2011 to bring together GPs and mental health staff to look at existing processes and how they could be improved, or what others have already implemented that is working.</p>		<p>Shared 'physical health' care is being considered as part of the Linking Physical and Mental Health initiative. See response under status of 3.2 for further information about this.</p>	

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		<p>f) The development of special care units and supported discharge programs in residential aged care facilities for older people with severe behavioural and psychological symptoms of dementia and/or mental illness, delivered by residential aged care providers in partnership with NSW Health mental health services, and</p> <p>g) The development of specialist community-based assessment and intervention services that work in partnership with residential and community aged care providers, GPs and carers to support better mental health care for older people.</p>		<p>Behavioural Assessment and Intervention Services (BASIS) provide specialist mental health input to assessment and management of older people with severe, complex behavioural disturbance in partnership with aged care services in NSW. BASIS have been developed across former Area Health Services under Phase 1 of the <i>Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-2015</i>. Community based assessment and intervention services also occur under the Dementia Behaviour Management Advisory Services (DBMAS) Program, an Australian Government initiative. The DBMAS Program in NSW operates through a central service (hub) and clinicians in LHDs (spoke services) and is funded under a Funding Agreement between NSW Health and the Australian Government Department of Health and Ageing until June 2013.</p> <p>The Mental Health Aged Care Partnership Initiative (MHACPI) between mental health services and residential aged care providers was developed to address the need for more appropriate, community-based, long-term care options for older people with severe behavioural and psychological symptoms associated</p>	

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3.2. inform a patient's private doctor of the ongoing care plan when the patient is discharged from a NSW Health facility subject to privacy	Supported	<p>h) The Mental Health NGO Learning and Development Unit is a key initiative aimed at creating a skilled and progressive workforce to help people in their recovery from mental illness. The Unit has already achieved a number of outcomes across the areas of Workforce Development, Quality and Outcomes and Promoting Partnerships.</p> <p>J) MHD AO meets on a quarterly basis with GP NSW and Department of Health and Ageing to take a tripartite approach to policy development, issues and problem solving in relation to the interface between general practice and mental health services.</p> <p>a) As a requirement under the current policy for Discharge Planning from Adult Mental Health Units and under the revised policy now in development, it is a standard practice to provide the patient's GP and /or other health professionals involved in ongoing care with the Transfer/Discharge documentation, care plan</p>	01/2012	<p>with dementia and/or mental illness. NSW Health developed two pilot services within residential aged care facilities (RACF) operated by Catholic Health Care and Hammond Care. A tender request has been issued (currently open) for further economic analysis of the MHACPI, which will assist in informing the potential for expansion of the MHACPI model to other sites.</p> <p>NGO Learning.</p> <p>The Learning and Development Unit (LDU) located at the Mental Health Coordinating Council conducted 356 training days in 2010/11 in 18 locations across NSW. Both course satisfaction and completion rates are well above national averages for a Registered Training Organisation.</p> <p>Meetings on-going.</p>	MHD AO
				Standard clinical practice as restated in the Discharge Policy and the new draft policy is an ongoing requirement for NSW mental health services. The new policy is expected to be released mid 2012.	

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legislation [p19].		<p>and other relevant information.</p> <p>It is also a requirement that during the discharge planning process, Area mental health clinicians involve General Practitioners (GPs), private health professionals and others who will be supporting the patient in the community.</p> <p>At the time of discharge, all NSW Health inpatient and community mental health services complete and send standardised transfer/discharge documentation to the GP or other community based clinicians involved in the consumer's ongoing care. The transfer/discharge summary includes advice about the care provided, medication and dosage information, current risks and safety issues, suggested follow-up treatment/action and provides contact details of relevant persons including LHD mental health clinicians.</p> <p>Under policy, LHD mental health services are expected to conduct regular audits of clinical documentation and discharge planning practices to ensure standards are maintained.</p> <p>b) The Policy and Guidelines released as part of the <i>'Linking physical and mental health...it makes sense'</i> initiative require LHDs to work more collaboratively with the consumer's GP, if they have one, or to link the consumer with a local GP, to ensure they receive care for their physical as well as mental health issues. Additionally, the Policy specifically documents the responsibility of services to ensure the consumer's GP is consulted, with the consumer's consent, when developing the care</p>		<p><i>'Physical health care of mental health consumers Guidelines' and Physical health care in mental health service policy directive'</i> are currently being implemented within LHDs.</p> <p>Workshops were rolled out in 2011 to over 300 participants and on-line training has been undertaken by over 500 service staff.</p> <p>Evaluation of workshops indicates they were very successful in raising</p>	

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		<p>plan and receives a copy of the care plan on discharge to ensure they are aware of any physical health concerns or medications.</p> <p>These documents are currently being implemented within LHDs and the requirements for services are being promoted through a recently launched dedicated website (www.cadre.com.au/nsw_health/index.html) and through workshops rolled out for GPs and mental health staff in 2011, with more planned for 2012.</p> <p>c) NSW Health is currently promoting service self-audit and quality improvement in this area in older people's mental health services across NSW through the SMHSOP benchmarking project. Standards in the Self-Audit Tool that are relevant to this recommendation include:</p> <ul style="list-style-type: none"> • A system is in place to ensure that contact with the GP and any other follow-up providers has occurred, and has been documented, prior to discharge. • A NSW Mental Health Discharge Summary is completed for all consumers on the day of discharge. • A system is in place to ensure that the above discharge summary is despatched to the consumer's GP on the day of discharge. • A system is in place to ensure that verbal communication occurs with, and the above discharge summary is despatched to, the 		<p>awareness of requirements for services and many were organised in tandem with GP Divisions.</p> <p>Further workshops have been requested by services. Additional funding has been provided for this in 2012, which will involve GPs.</p> <p>Network of LHD Linking Physical and Mental Health Initiative 'champions' has been established in 2012 to continue to look at ways to address key issues, such as better engagement with GPs.</p> <p>The SMHSOP benchmarking project continues to promote quality improvement in older people's mental health services, with two benchmarking forums held annually. The Self-Audit Tool is currently being implemented in SMHSOP units and community teams and will be reported on during the June 2012 SMHSOP benchmarking forum.</p> <p>Actions identified at the December 2011 SMHSOP benchmarking forum are also being progressed during 2012.</p>	

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		<p>primary follow-up provider on the day of discharge.</p> <ul style="list-style-type: none"> The Self-Audit Tool is currently being implemented annually in SMHSOP units and teams across NSW to promote service self-review and quality improvement, as part of the NSW Health-led SMHSOP benchmarking project. 			