

Public Accountability Committee
Inquiry into the NSW Government's Management of the COVID-19 Pandemic
Responses to Questions Taken on Notice – 12 June 2020

Transcript page 9

The CHAIR: Minister, I know there is a \$73 million bucket of money. How much of that is being spent on the PACER program, so we can get an idea of how much that is actually costing? If you have the figure at hand, that is great, but if you would not mind taking it on notice, what would be the cost of expanding the PACER program across all of New South Wales?

The Hon. BRONNIE TAYLOR: The amount allocated to the PACER program from the \$73 million COVID money injection is \$6.1 million.

The CHAIR: Do you know what it would cost to expand that over the State?

The Hon. BRONNIE TAYLOR: I would have to take that on notice. It would be really difficult, to be really honest and upfront, to tell you exactly because we are not entirely sure how the models are going to look in different areas as well. We know for the city and for the high volume, as Mr Pearce said. We are going to see.

The CHAIR: Perhaps if you cannot answer it across the whole of the State, how much it would cost to expand it to all the metro commands?

The Hon. BRONNIE TAYLOR: Sure.

The CHAIR: That would be a useful figure. If you will take that on notice.

The Hon. BRONNIE TAYLOR: Yes, I will.

ANSWER

The PACER model is operating in the St George Police Area Command. The model is being expanded to a further 10 metropolitan Police Area Commands (Campbelltown City, Bankstown, Blacktown, Nepean, Ku-Ring-Gai, Northern Beaches, Eastern Beaches, South Sydney, Sutherland Shire and Kings Cross/Surry Hills/Sydney City) and two regional Police Districts (Brisbane Water and Tuggerah Lakes). \$6.1 million has been allocated for these 12 PACER initiatives.

The above detailed expansion of the PACER model will be evaluated to assess the model's effectiveness in meeting the needs of the communities and services in these different locations. The evaluation will also examine the potential for further roll-out and resources required.

Police advise that there are 32 Police Area Commands across the three metropolitan regions.

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The Hon. TARA MORIARTY: The collaboration between the States, I acknowledge both of your answers in terms of working and sharing data as part of the national pandemic plan, I understand all of this is somewhat of a work in progress. Based on what you have just said the Commonwealth Senate inquiry into the response to COVID has said that all States have agreed to share this data, but New South Wales has not. Has that changed? General discussions, you have just talked about, but an actual sharing of data going forward so we have a real picture of what is happening across the country, is that something that New South Wales is going to participate in?

The Hon. BRONNIE TAYLOR: I am certainly not aware, and Dr Wright just said to me too, that we have said that we will not share the data, so we will have to take that on notice. We will have to verify that, respectfully I say that. As Dr Wright pointed out, another opportunity that COVID has provided is that ability to share data across agencies and through the Data Analytics Centre that Minister Dominello has championed for years. I have always been on that bandwagon. My first inquiry when I came in here was on service coordination. It is something I feel really strongly about. The more that we can share that information, share the data, the better our outcomes are and I am sure you would agree. In terms of the national pandemic plan, that was just brought about by Victoria and New South Wales. That was brought about because I had heard about some really fabulous things that Victoria was doing. I picked up the phone, I spoke to your counterpart in Victoria, who is just a terrific bloke and really cares about mental health, and we decided that we would put politics aside.

ANSWER

NSW is in favour of sharing available data to support mental health service planning. NSW Health currently collects and shares detailed data with the Commonwealth.

NSW Health provides admitted patient care, community mental health care and residential mental health care data with the Commonwealth – this is provided in detail, at unit record level. This data includes a nightly extract specific to COVID information, as well as data that is regularly shared with the Commonwealth through formal data submission processes.

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CHAIR: Could you provide an itemised list of how the \$73 million package has been spent? Do you have an itemised list of where it will be spent and secondly how much has been spent to date?

The Hon. BRONNIE TAYLOR:

I can give you an absolute itemised account of where, I have the graph in front of me of what we are spending on each thing that we have announced. In terms of the money we have spent to date we will take that on notice.

CHAIR: Can you do that in two parts?

The Hon. BRONNIE TAYLOR: Yes. I will give you the first part that gives you an exact breakdown of where we have spent the money and allocated it.

CHAIR: You can read it on.

The Hon. BRONNIE TAYLOR:

Enhancing the capacity of the mental health 1800 line we will be putting in \$16.4 million; the virtual mental health expansion to all local health districts across New South Wales will be \$20 million; supporting first responders, which we spent a great deal of time talking about this morning, will be \$6.1 million; enhancing diversionary therapy activities in acute inpatient units right across New South Wales, so that is every unit that will receive part of that funding, the total package is \$6,050,000; enhancing the capacity of community mental health services, and that is including support for at risk groups such as older persons, youth and people with a disability, will be \$21 million; we are implementing the Tresillian sleep well baby program for six months during the pandemic, that will be \$1,440,000; we have contributed \$1 million to an organisation to establish residential supported living with the Habilis model, something that we have also borrowed from our friends in Victoria; we will be looking at a Warm Line, which we talked about, for people with a mental illness run by people with lived experience of \$800,000; and we are also looking at half a million dollars into psychiatric assistance dogs.

CHAIR: The spend to date you will provide on notice?

The Hon. BRONNIE TAYLOR: Yes.

ANSWER

ITEM	TOTAL ALLOCATED	SPENT TO DATE
Lifeline	\$6 million	\$6 million (ex GST) grant payment in FY19/20.
Enhancing capacity of Mental Health 1800 Line	\$16.4 million	Funding committed.
Virtual Mental Health expansion to all Local Health Districts	\$20 million	Funding committed.
Enhancing capacity of Community Mental Health Services	\$21million	Funding committed.
Supporting first responders (PACER)	\$6.1 million	Funding committed.
Implement Tresillian SleepWellBaby program for six months during pandemic	\$1.44 million	\$1.44M paid in FY19/20.
Enhancing diversional therapy activities in acute inpatient units	\$6.05 million	Funding committed.
Habilis to establish residential supported living	\$1 million	\$1 million grant payment in FY19/20.
Psychiatric assistance dogs	\$500,000	\$500k grant paid in FY20.
Warm line for people with mental illness	\$800,000	Funding committed.

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The Hon. TARA MORIARTY: Sorry, I do not want to cut you off, but I am out of time.

The CHAIR: We will let Dr Wright finish and then you will be in my time—

The Hon. TARA MORIARTY: Because otherwise I will wrap it up but I just wanted to get a clarification.

The CHAIR: No, we will let Dr Wright finish and then I am more than happy to use a small part of my time, which otherwise I will not use, if you have any follow-up questions. So, we will let Dr Wright finish.

The Hon. TARA MORIARTY: What I can do to wrap this up is, if the Committee can be provided with a copy of the memo or policy—or however you want to describe it—then that would assist.

The CHAIR: The advice, I think it was described as.

Dr WRIGHT: There have been three memos.

The Hon. TARA MORIARTY: Can we get a copy of all of them, please?

Dr WRIGHT: Each one supplants the previous one; this is a moving target. The current memo basically says that each district mental health service ought to be liaising closely with their local infectious diseases and infection control experts to identify what the current risk in their community of the virus is and adapting their leave according to that. So, the initial one is no longer in place.

The CHAIR: I understand. Minister, the request is: Can those iterations be provided?

The Hon. BRONNIE TAYLOR: We will take that on notice.

The CHAIR: Any final question, Tara?

The Hon. TARA MORIARTY: No, but I would like to have a discussion about how we formally deal with that at some point.

The Hon. TREVOR KHAN: Sorry, deal with?

The Hon. TARA MORIARTY: It is a genuine question because I do not know.

The CHAIR: No, it has been addressed. The Minister said she will take it on notice and will—did you say you will provide them on notice?

The Hon. BRONNIE TAYLOR: I said that I would take it on notice and have a look and if they are publicly—

Dr WRIGHT: We can provide it.

The Hon. BRONNIE TAYLOR: Yes, absolutely.

The Hon. TREVOR KHAN: They are GIPAA-able.

The CHAIR: We are trying to avoid going through the Government Information (Public Access) Act [GIPAA] process. If they could be provided as soon as possible, that would be appreciated.

The Hon. BRONNIE TAYLOR: Mr Shoebridge, yes, they will be provided as soon as possible. If there is any delay or any reason why we have to question that, then I will come back directly back to the Committee. We do not foresee that and we should be able to provide that in a very timely manner.

ANSWER

The memos are attached at Tabs A-C.

Memo



Health

Mental Health Branch
TRIM REF: H20/33847

TO Directors Mental Health Services Local Health Districts and Specialty Health Networks
Clinical Directors Mental Health Services LHD/SHNs

FROM Dr Murray Wright and Dr Nick O'Connor,
Co-Chairs Mental Health COVID Community of Practice

TEL DATE 2 April 2020

SUBJECT **Patient leave during COVID pandemic**

The issue of patient leave was discussed at the Mental Health COVID Community of Practice on 1 April 2020. It was noted that most inpatient units appear to have ceased or significantly reduced patient leave, however, there is currently variation in this matter.

Mental Health inpatient units can be likened to nursing homes in relation to the risk of spreading the COVID-19 virus to a vulnerable patient population and to vitally important staff. Each episode of leave poses a risk that the virus may be transmitted to staff and other patients.

It is the strong consensus advice of the Mental Health COVID Community of Practice and the Mental Health Branch that inpatient leave should be ceased.

In implementing a stop to patient leave, the following considerations are important (and it is noted are already being actioned in a number of LHDs):

- Clear and considered communication to patients, families, carers and all staff. This has included brochures, posters in some LHDs.
- Consideration of ways that patients can have regular contact with family and carers by telephone and social media with appropriate infection control procedures.
- Consideration of limiting and implementing infection control procedures for limited visiting where necessary.
- Increased organised activities and physical exercise on the ward, with appropriate distancing and infection control procedures.

Please contact us if you require further information: Dr Nick O'Connor

Thank you for your cooperation in this matter. We have seen already in this pandemic that simple steps taken early and implemented thoughtfully but strictly will make a big difference to the safety of patients and staff.

Memo



TO Directors Mental Health Services Local Health Districts and Specialty Health Networks Clinical Directors Mental Health Services LHD/SHNs

FROM Dr Murray Wright and Dr Nick O'Connor,
Co-Chairs Mental Health COVID-19 Community of Practice

DATE 17 April 2020

SUBJECT Patient leave during COVID pandemic

The issue of patient leave was discussed at the Mental Health COVID Community of Practice on 1 April 2020 and again on 15 April 2020. It was noted that most inpatient units appear to have ceased or significantly reduced patient leave, however, there is currently variation in this matter.

Mental Health inpatient units can be likened to nursing homes in relation to the risk of spreading the COVID-19 virus to a vulnerable patient population and to vitally important staff. Each episode of leave poses a risk that the virus may be transmitted to staff and other patients.

The consensus advice of the Mental Health COVID Community of Practice and the Mental Health Branch is that inpatient leave should be suspended until further notice.

In implementing a stop to patient leave, the following considerations are important (and it is noted are already being actioned in a number of LHDs):

- Clear and considered communication to patients, families, carers and all staff. This has included brochures, posters in some LHDs.
- Consideration of ways that patients can have regular contact with family and carers by telephone and social media with appropriate infection control procedures.
- Consideration of limiting and implementing infection control procedures for limited visiting where necessary.
- Increased organised activities and physical exercise on the ward, with appropriate distancing and infection control procedures.

It is acknowledged that there should be a Local Health District exemption process to consider rare but important exceptions to this advice, but the consensus advice of the Community of Practice is that the delegation for this decision should rest with the LHD Mental Health Director or Clinical Director.

Dr Murray Wright
Chief Psychiatrist
Co-Chair MH COVID CoP

Dr Nick O'Connor
Co-Chair MH COVID CoP

Memo



Health System Strategy and Planning Division
Mental Health Branch

H20/53436-1

TO	Directors Mental Health Services Local Health Districts and Specialty Health Networks Clinical Directors Mental Health Services LHD/SHNs
FROM	Dr Murray Wright and Dr Nick O'Connor Co-Chairs Mental Health COVID Community of Practice
DATE	1 June 2020
SUBJECT	Mental Health Inpatient Units: Patient Leave and visits during COVID-19 pandemic

On 20 May 2020 the Mental Health Community of Practice (MH CoP) reviewed advice in relation to inpatient leave and visiting. Now that the incidence of new cases is low and the community prevalence can be measured by district across NSW [here](#) and following consultation with Infectious Disease experts, the Mental Health CoP agreed it was appropriate to commence some cautious, phased and closely monitored easing of restrictions on leave and patient visits. The revised advice is detailed below:

- In line with Local Health District and Specialty Health Network Policies, and in consultation with District Infection Prevention and Control Teams, the easing of restrictions on leave should be gradual.
- It is suggested that the first phase of leave reintroduction should be single episodes of leave/visitation per patient per day with review of this after 2-3 weeks.
- Leave and visits should be planned and purposive.

When assessing leave and visiting, services need to consider the following:

- The capacity of patients and visitors to appreciate and comply with infection control and physical distancing requirements; and
- Other system implications and contextual considerations likely to be impacted by the leave or visiting decisions.

Please note previous advice on this matter has now been rescinded and further revisions of advice on inpatient leave and visits may be required as the COVID-19 pandemic unfolds and new knowledge and evidence in relation to the virus and infection prevention and control become available.

Dr Murray Wright
Chief Psychiatrist
Co-Chair MH COVID-19 CoP

DR NICK O'CONNOR
Co-Chair MH COVID-19 CoP

Mental Health Branch, NSW Ministry of Health