Katy Gallagher MLA

CHIEF MINISTER

MINISTER FOR HEALTH
MINISTER FOR TERRITORY AND MUNICIPAL SERVICES

MEMBER FOR MOLONGLO

Ms Caroline Le Couteur MLA
Chair
Standing Committee on Public Accounts
GPO Box 1020
CANBERRA ACT 2601

Caroline

Dear Ms Le Couteur

Thank you for your letter of 17 October 2011 seeking an update on the implementation of recommendations arising from the Auditor-General's Report No.8 of 2010: Delivery of Mental Health Services to Older Persons.

The Government's Submission to the Standing Committee on Public Accounts in relation to the Auditor-General's Report No. 8 of 2010: Delivery of mental health services to older persons was tabled in the Assembly in March 2011.

The 16 recommendations from the report are complete and have been implemented. Please find attached a table outlining the recommendations and the action taken by the Health Directorate.

Yours sincerely

Katy Gallagher

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Minister for Health

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ACT LEGISLATIVE ASSEMBLY

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Auditor-General's report on Older Persons Mental Health Services: April 2012.

Rec. No.	Recommendation	Action		Status
1.	ACT Health should develop well defined screening guidelines (ie. Entry and exit criteria) for Older Persons Mental Health (OPMH) Services:			
1.a	Clarification as to the exemption to the age criteria, and issues of ageing	▪ Adult MHS Screening guidelines to supplement clinical assessment in determining the appropriate service referral. ▪ Development of OPMHS screening guidelines. Screening guidelines were drafted in consultation with the team in Dec 2010. In Nov 2011 the screening guidelines were brought back to the team to discuss how they would be used effectively. A small working group within the OPMH team has incorporated the screening guidelines into the "intake folder" and make additions for OPMH specific information and referral options. ▪ In Nov 2011 team discussions resulted in agreement and cohesion around entry criteria related to age and issues of aging. These criteria will be used to update the orientation manual, pamphlet, in-service training sessions MHJHADS teams, and to inform consultation and liaison with referrers and stakeholders.	Director, MH Service and Sector Development OPMH Team to draft	**COMPLETE**
1.b	Arrangements to ensure that other ACT Health related agencies, peak bodies, community organisations and	Awareness raising activities:		**COMPLETE**

Rec. No.	Recommendation	Action		Status
	service providers have access to, and are familiar with, the entry and exit criteria of OPMHS	▪ GP information will be provided to the ACT Division of General Practice Mental Health Advisory Committee (ACTDGPMHAC) now called Medicare Local. This provision of information continues to occur ▪ An article in the ACT Division of General Practice (now called Medicare Local) newsletter completed. ▪ Representative of OPMHS to speak at Carers ACT meetings and stakeholder network meetings, e.g. Community Aged Care Forum network meeting. ▪ Provision of information for the Carers ACT Newsletter completed. ▪ A calendar of in-service training to MHJHADS teams has been arranged to communicate our revised entry criteria. ▪ The NPA on HHWR sub team staff have incorporated communication around OPMH entry criteria when educating, consulting and liaising with stakeholders (please refer to NPA on HHWR reports for summary of these activities	MHACT representatives on ACTDGPMHAC Clinical and Operational Directors OPMH clinicians Team Leader Organisation Development	

Rec. No.	Recommendation	Action		Status
		▪ The NPA on HHWR sub team has surveyed stakeholders to ascertain the preferred way of communication with our team. A roll out of information around our entry criteria and referral pathways has been informed by the results of the survey.		
2.	ACT Health should engage and communicate with consumers, carers and other external stakeholders in relation to dementia-related illnesses that can (or cannot) be assessed and treated by the OMPHS	▪ Participation in the national discussions on the definitional confusion and lack of care pathways for individuals with dementia related illnesses. ▪ Discussion with consumers, carers and stakeholders to address individual concerns. ▪ The NPA on HHWR sub team has been doing this with external stakeholders since being funded in 2009. See NPA on HHWR reports for summary of activities. ▪ Entry criteria will be communicated and explained when needed in circumstances involving consumer and carer direct contact with us. The pamphlet has been updated to reflect our revision of entry criteria	Directors and staff of OPMH Directors and staff of OPMH	**COMPLETE**

Rec. No.	Recommendation	Action		Status
3.	ACT Health should ensure that orientation and procedure manuals for OPMHS are consistent with other relevant policies and provide clear directives and guidance on:	Provision of two additional training sessions for OPMHS. As most attended this session, others referred to general sessions. Dr Lambeth's Power Point presentation also forwarded to those staff unable to attend his presentation on 18 January 2011. Continued updating of the orientation manual when needed. Team will be ensuring orientation info in consistent with relevant policies and sops.	Dr Len Lambeth	**COMPLETE**
3.a	Urgent and non-urgent referrals	OPMH clinicians are supported to act in accordance with MHJHADS **Triage Category Of Response Policy** There was a re-shaping around intake and allocation processes so that intake and assessment were overseen in intake MDTR meetings SOP awareness meeting was held with staff and a distribution of summary points regarding the standardised clinical processes and documentation procedures was completed in October 2011. TL also worked on shaping morning intake meetings to reflect practice of considering triage response scales from initial Assessment when deciding on further follow up action i.e. referral, Full Assessment etc. Embedding of these processes will need to continue to be lead by the team leader and staff are becoming more fluent in these practices.	OPMH clinicians	**COMPLETE**

Rec. No.	Recommendation	Action		Status
		Better use of electronic whiteboard reflects the changes made here. OPMH consultation meetings with Executive Director of MHJHADS resulted in an action plan for the team relevant to this point and were actioned accordingly • SOP awareness meetings • Morning clinical meetings chaired in line with SOPS • Intake processes more in line with policy and SOPS i.e. use of initial presentation template, Full Assessment template or comprehensive file note, suicide risk Assessment, MDTR discussion documentation, decision for Allocation in line with assessment formulation and recommendations, referral and closure in line with Full Assessment formulation and recommendations. • CC rostering to keep all staff up-skilled in intake and Assessment.		
3.b	Prioritization of consumers	OPMH clinicians are supported to act in accordance with MHJHADS **Triage Category Of Response Policy** • Intake processes more in line with policy and SOPS i.e. use of initial presentation template, Full Assessment template or comprehensive file note, suicide risk Assessment, MDTR discussion documentation, decision for Allocation in	OPMH clinicians	**COMPLETE**

Rec. No.	Recommendation	Action		Status
		line with assessment formulation and recommendations, referral and closure in line with Full Assessment formulation and recommendations.		
3.c	Definition of a 'large number of referred consumers'	Mental Health monitors demand using feedback from the Team Leader and formally monthly at the Finance and Performance Meeting. The service is mindful of the number of referred consumers and the availability and capacity of staff. The Clinical Management Policy articulates the matrix used to determine priority for allocation for clinical management. There is an escalation process for when capacity to respond is challenged.		**COMPLETE**
3.d	The acceptable clinician-consumer ratio.	Development and completion of the Clinical Management Policy Drafted completed An analysis of the practices of the OPMH team by new management determined that there is no evidence to support that the consumer demand on services is too high for the staff numbers at the OPMH team rather that the issue needed more leadership and guidance around effective and efficient standardised processes that can support staff in managing and prioritising community demand. For example: • Need to ensure policy awareness for staff. • Team Leader has been conducting regular monthly reviews of case loads and case mix also considering extra non-clinical	Director, MH Service and Sector Development	**COMPLETE**

Rec. No.	Recommendation	Action		Status
		workloads. Having leadership around this will enable acceptable clinician – consumer ratio based on not just numbers but on professional competency levels, case mix, competing demands e.g. WSR responsibilities, Intake/CC responsibilities, NPA on HHWR responsibilities, Supervision and mentoring of students and junior staff responsibilities		
4.a	ACT Health should: a. develop a feedback mechanism to referrers, that includes community organisations, of the consumer's status with the OPMHS.	**MHACT has policies and standard operating procedures outlining this expectation. OPMH have been supported to amend practices to comply more fully.** OPMHCT actively liaises with the GP on referral and after assessment, plus aims to at time of 3 mthly review, and always at closure. This liaison with GPs is also be mirrored with key referring bodies and stakeholders for individual consumers as part of our collaborative approach to case review and closure. To ensure systems support good clinical service a future QI idea regarding audit of care coordination and referral pathways on closure from OPMHCT and how this correlates with re-entry to the service will be actioned in 2012	Operational Director, OPMH	**COMPLETE**
4.b	Ensure a clear understanding with the referrer as to what consumer or clinical information can be shared.	OPMH staff are supported to comply with health records policy and confidentiality principles and policy when working collaboratively with carers and consumers	Operational Director, OPMH	**COMPLETE**

Rec. No.	Recommendation	Action		Status
5.	ACT Health should strengthen its general awareness programs relating to OPMHS, and particularly target these to new General Practitioners in the Community.	▪ Submission to the Medicare Local newsletter completed and continued attendance at monthly ML attendance continues with our operational director to provide and receive feedback about OPMH ▪ Provision of hard copy materials to supplement web based information. The NPA on HHWR sub team do a lot of general awareness programs and activities are reflected in the reports for this project.	Operational Director, OPMH Operational Director, OPMH Team Leader, OPMH	**COMPLETE**
6.	ACT Health should put in place robust arrangements to ensure that current and future mental health needs are met by:			**COMPLETE**
6.a	Consistently reporting the actual number of consumers availing of the OPMHS and its likely impact o the services being delivered.	Provision of data analysis on active cases for each clinician, diagnosis, Occasions of Service, frequency of contact, time and total staff reporting, new allocations including yearly trending and comparisons is business as usual and ongoing.	Operational Director, OPMH And Business Analyst	**COMPLETE**
6.b	Enhancing and formalizing the 'annual performance review' process to include an analysis of various mental health diagnosis, their prevalence and the impact on the OPMHS	Analysis occurs consistent with the score card reporting systems and tier meetings of the Health Directorate.	MH F&P Committee	**COMPLETE**
6.c	Collaborating with relevant stakeholders to identify and service the 'unmet needs' of older persons with mental health illness in the community.	Actively participate in existing older persons/aged care networks. Facilitate the development of older person mental health meeting to assist with	Team Leader, OPMH Team Leader, OPMH	**COMPLETE**

Rec. No.	Recommendation	Action		Status
		identification and co-ordination of responses Stakeholder Meetings are also an opportunity to identify unmet service needs. NPA on HHWR sub team reports will show the amount of collaboration and liaison with stakeholders. It is considered business as usual with continuing focus being done in the NPA on HHWR sub team work.		
7.	ACT Health should ensure that it effectively manages cases where the OPMHS response where delayed, or where needs of at-risk groups are not met. Instances where the expected response times are not met should be closely monitored.	These practices of triage and responding appropriately are being embedded in the team. ▪ Tracking of variations from the NTS times are reviewed at the Daily Clinical meetings. ▪ Discussion at MDTs on planned interventions including the exploration of risk reviews and management options.	OPMH TL OPMH clinicians	**COMPLETE**
8.	ACT Health should strengthen is engagement with its external stakeholders, through regular consultation and collaboration with the community including peak bodies, service providers, and other community organisations that deal with older persons in the community	Invitation to the key stakeholders to the 2010 OPMHS Planning Day. Completed Stakeholder follow up meeting held on 6.4.11. Issues of interagency training & communication/partnership building discussed. Reflected the above identified barriers and solutions in the 2011-2012 MH ACT Business Plan. Engaging with stakeholders is part of the role of	Directors and Team Leader, OPMH OPMH staff	**COMPLETE**

Rec. No.	Recommendation	Action		Status
		NPA on HHWR sub team, also part of the care coordination role of CMs. Additionally our regular representation at ML meetings is ongoing.		
9.	ACT Health should regularly analyse and evaluate staffing data to:			
9.a	Identify trends and process improvements in resource constrained environment	New management has identified trends and process improvements that have improved staffing and efficient work practices.	OPMH TL	**COMPLETE**
9.b	Provide input to workforce planning and future recruitment strategies.	Recruiting has taken place and is now ongoing business as usual. Staff can input into business planning that feeds into HR decisions.	OPMH TL	**COMPLETE**
10.a	ACT Health should: Develop a plan that includes arrangements for the provision of specialised training in the mental health of older persons.	MH Organisational Development Unit will collaborate with OPMH clinicians to develop a training plan. MHACT will collaborate with key stakeholders to communicate information on available training. Process commenced at Stakeholder Meeting on 6.4.11. Commenced April 2011 And continues as business as usual for the NPA on HHWR sub team who delivery training in this area to stakeholders appropriately. OPMHCT & IU professional development monthly sessions are occurring for staff.	Director, MH Service and Sector Development Team Leader, OPMH	**COMPLETE**

Rec. No.	Recommendation	Action		Status
10.b	Provide the OPMH Community Team good access to information regarding current developments in the assessment and treatment of older persons with mental health disorders.	To facilitate planned OPMHS professional development commencing for the 2011 calendar year and then annually. Professional Development sessions scheduled monthly & well attended by OPMHS staff. Currently literature and research is well circulated amongst the team.	OPMH Drs, staff and TL	**COMPLETE**
11.a	ACT Health should: Ensure that OPMH Community Team complies with the requirements regarding the use of the agency's mental health data collection system (the Mental Health Assessment Generation Information Collection)	Provide refresher training in MHAGIC. Negotiated with MHAGIC team to provide session on site. Provide individual sessions in MHAGIC, if required. All staff use MAHGIC at competent standards.	MHAGIC Support Team Team Leader, OPMH	**COMPLETE**
11.b	Highlight the importance of completing and updating all required information	Provide specific training in business processes, clinical documentation and clinical activity in Mhagic. To be completed in alignment with essential training to support the Standardisation of Processes. . SOP awareness session held on clinical processes and documentation. MDTR meetings being run by an experienced Team Leader who can alert team to when processes aren't necessarily being followed.	OPMH TL	**COMPLETE**
12.	ACT Health should ensure that a consistent approach is adopted in 'referring on' consumers by:			

Rec. No.	Recommendation	Action		Status
12.a	Developing a consolidated list of external agencies, including aged care facilities, and community service providers, that can be used uniformly and consistently by the OMPH Community Team.	Use of screening guidelines in the intake folder including relevant referral resources developed as a result of team discussions. These will reflect OPMH specific care coordination links	Operational Director, OPMH	**COMPLETE**
12.b	Keeping the list updated	Team discussions indicated an action plan to have the intake folder updated monthly with referral lists and contacts related to screening guideline options. Admin to assist in this process.	OPMH clinicians and admin	**COMPLETE**
13.a	ACT Health should: Ensure that suicide risk assessments are conducted consistently across OPMHS, and that risk ratings are allocated accordingly	Prioritise the attendance of MHACT OPMHS staff at the Suicide Assessment Session both Introduction and Advanced modules. As most attended this session, others referred to general sessions. This is an ongoing matter for attention across the division and not specifically a problem apparent currently at the OPMH team.	Dr Len Lambeth	**COMPLETE**
13.b	Regularly monitor the implementation of the suicide risk assessments	To be included in the Clinical Documentation Audit pathway. Compliance with completing suicide assessments have not been audited but the expectations have been continuously reminded to staff in MDT meetings, staff meetings, SOP awareness session, individual guidance.	MH Quality Improvement Manager OPMH TL	**COMPLETE**

Rec. No.	Recommendation	Action		Status
14.a	ACT Health should: Analyse and report on the impact of admission blocks to staffing requirements, and to other potential consumers of the OPMH Inpatient Unit	The OPMHIU treating team review length of stay weekly in clinical rounds. The OPMH Community team liaise with OPMHIU in relation to potential consumers. The Calvary Mental Health Management Committee (CMHMC) to review data on length of stay monthly.	Clinical staff, OPMHIU and OPMH Convenor, CMHMC	**COMPLETE**
14.b	Use the information to effectively manage admission blocks.	Calvary Mental Health Management Committee review data on length of stay monthly. Data to be reported at MH Finance and Performance Committee 3/12.	Convenor, CMHMC Operational Director, OPMH	**COMPLETE**
15.a	ACT Health should: Consistently conduct the required three-monthly reviews for all long term OPMHS' consumers.	As with Recommendation 6, Team Leader report content will be reviewed at MH Finance and Performance Committee. 3 monthly case review reminder spreadsheet has been created and embedded into weekly review meetings.	Team Leader, OPMH and Operational Director, OPMH	**COMPLETE**
15.b	Monitor the three-monthly reviews	Compliance to be reported to the MH Finance and Performance Committee. Case review reminder spreadsheet monitored and managed weekly by admin and TL.	OPMH TL and admin	**COMPLETE**
15.c	Provide support to the OPMH Community Team, particularly when there is unplanned staff leave, to ensure that all mandatory tasks are being undertaken.	Planned leave scheduled over the year. OPMH staffing profile needs to be increased to manage unplanned leave backfill.	Team Leader, OPMH	**COMPLETE**

Rec. No.	Recommendation	Action		Status
		RN2 position funded and recruited in March 2011. RN2 position filled. All recruiting is business as usual. Leadership and management around intake, allocation, case mix and closures have been occurring and have impacted on ability and capacity to complete work tasks.		
16.a	ACT health should: Ensure that the OPMH Community Team comply with the implementation and use of all outcome measures relevant to the OPMHS	Encourage the use of the national e-training module. Embed outcome measures into team discussion to inform clinical decision making.	OPMH clinicians OPMH clinicians	**COMPLETE**
16.b	Enhance the current system to accurately report on mental health outcome measures.	Redevelopment of MHAGIC to provide more meaningful aggregated data concerning outcome measures. Draft Business Case developed for submission to Portfolio IM/IT in Jan 2011. Still under development The Health Directorate will determine the electronic clinical record requirements for the future.	MHJHADS Director	**COMPLETE**