# **Child and Adolescent Health Service Governing Council**

Annual Report July 2012 to June 2013

# Message from the Chair

On the 1 July 2012, the Child and Adolescent Health Service Governing Council came into effect. The Council's first priority was to better understand and appreciate health service delivery for children, young people and their families. At a time when there are changes in the system with new models of funding from the Commonwealth and new hospitals being built in Western Australia, it is acknowledged that unless continued focus is placed on the specific needs of children and young people across the system then there is a risk that the service as a whole will not cater to their needs. The health service planning needs to appreciate the child's complete journey including the transition to adult health services. The Council has received excellent briefings on the existing health service plans; the future opportunities and challenges and the general performance of the health services.

This has enabled us to engage directly with the range of experienced people who deliver child and adolescent health services, as well as members of the executive team who deliver accountable performance reports across key performance indicators for the Child and Adolescent Health Service. The Council has not only come up to speed with the parameters that we must monitor, but are also able to inquire and explore as well as set strategic direction.

Engagement with clinicians from various aspects of the health service had a hesitant start and anxieties with regards the role and relationship of the Council in the system required some clarity and affirmation. We look forward to not only furthering the connection between the Council and CAHS clinical staff, but also nursing, allied and support staff. At the same time, the voice of patients, friends and families of CAHS have emerged. It is clear from all reports that there is significant pressure on service access for the growing population of children in Western Australia. The Council has responded by articulating its desire to be advocates for children and their families and carers.

While looking towards the new children's hospital it is apparent that there is a continuing need for children who need care and services in the present time and the Council is working positively with the community and the Health Department to improve health Focus areas during this period have included: mental health services for children and young people; funding from Telethon Institute for Child Health Research for into social media and Suicidality; implementation of the Paediatric Implementation Plan with consideration of increased beds for Joondalup Hospital and optimisation of paediatrics services outside of Princess Margaret Hospital; interfaces and transition of adolescents to adult services; monitoring the progress of key projects such as the procurement of child development services from the Community Services Sector, preventative health activities such as improving immunisation rates and careful review of the new children's hospital capacity in light of the baby boom and population growth in Western Australia. The Council has acknowledged the good work in delivering on Closing the Gap activities, such as the expansion of culturally appropriate and secure services to families who may otherwise not engage with mainstream health services, programmes to support Aboriginal child health service providers to offer a comprehensive schedule of child health monitoring services, and the 'out of hospital' care for Western Australian Aboriginal children. It is recognised that more is needed to improve health outcomes for Aboriginal children.

Twelve months is a relatively short period to grasp knowledge, establish a role, develop relationships, engage and understand not only what CAHS in total does, but what it needs.

The Council is very proud to be able to develop strategic direction with the CAHS team across all sectors, represent CAHS at a strategic level, and help to enrich and underpin a culture of high quality clinical care with a respect, support and understanding of the patients and their families.

### Council's Focus

### Mental health services

It is broadly recognised that the historical underinvestment in mental health services has been a contributing factor to the current mental health system being under considerable stress, particularly in relation to services for children and young people. Access to Community Child and Adolescent Mental Health Services (CAMHS) has increasingly been restricted to those infants, children and adolescents with the most severe mental disorders, due to overstretched services; as a result there is very limited clinical capacity to intervene early in the trajectory of mental health problems and mental disorders. In 2011, 2,480 infants, children and adolescents were seen by Community CAMHS, representing of 0.6% of the total infant, children and adolescent population in Perth. continues to be fully supportive of the current initiatives and programs undertaken by CAMHS, however more is required to improve the types of services and continued quality of mental health services for children, young people and their families. The Council has been instrumental in establishing a mental health research project involving Telethon Institute of Child Health Research and Youth Focus. The Council will continue to advocate for additional resources for mental health services for children and adolescents and to reform mental health services and develop progressive models of care. acknowledges the need for General Practice and primary care to assist in supporting families when mental health crisis hits home and will continue to seek avenues to support prevention.

### Paediatric Implementation Plan

The new children's hospital provides an opportunity to consider the broader needs in designing health systems for better patient care and clinical outcomes, with the specific needs of paediatric health services. It will rely on the success of the Paediatric Implementation Plan, which provides state-wide service level recommendations, strategies and actions. The Plan aims to ensure that Princess Margaret Hospital and the new children's hospital will remain as the tertiary paediatric centre with non-tertiary services being delivered closer to the child's community, improving access to health services as well as providing care closer to home for children and adolescents. The Council will continue raising awareness and working with other health services and governing councils on future health service planning. The success of this initiative will be important to the ongoing management of future demand for the inpatient, outpatient and ambulatory paediatric service delivery across Western Australia.

### Community health services

There has been an unprecedented investment over last three years in community child health services of approximately \$107.5 million including the \$49.5 million invested in Child Development Services in 2010, followed by the Child Health Initiative of \$58 million in 2012. In addition an election commitment was made in 2013 for an additional \$57million for school health services. It is recognised that service demand and resource allocation across child health, child development and school health initiatives needs to be funded

appropriately to meet the needs of the growing population. The Council will continue to monitor the progress of partnerships with primary health care providers, including general practitioners to deliver best outcomes for children and families, maintenance of Child Development Service waiting times and the development of school health and child health initiatives including partnerships with the non-government sector. The Council will continue to advocate for Child Health in Western Australia and health promotion and disease prevention, and in particular immunisation in Western Australia.

### **New Children's Hospital Project**

The vision for the \$1.2 billion new children's hospital is to continue to be the leading provider of paediatric clinical services, training and research for WA and will provide the best possible clinical care for future generations. It is recognised that it has been designed to facilitate staff flow between inpatients and outpatients and include areas for the shared provision of services. The Council continues to monitor the change management and workforce planning in transitioning to the new children's hospital site. The Council will continue to advocate for the hospital remaining as the leading provider of tertiary paediatric clinical services, training and research for the state.

### **Health Service Performance**

Child and Adolescent Health Services Patient Safety Framework forms the basis for governance, risk management, continuous quality improvement and evaluation. The purpose of this framework is to provide guidance for CAHS in the provision of safe, high quality health care service and to improve organisational and clinical performance and these elements are translated into key clinical and corporate targets. There has been strong performance against all patient safety and quality targets, particularly with the national emergency access and national elective surgery targets, and these have contributed to the overall high standard set in Western Australia. A number of activities have been undertaken in the pursuit of 'zero harm' in quality and safe healthcare and this has contributed to an overall strong clinical performance for the period.

There have been a significant number of activities undertaken in Child and Adolescent Community Health and this has contributed to an overall strong performance. Some activities have included the metropolitan rollout of the Child Development Information System to capture important service activity, the formal launch of the Enhanced Aboriginal Child Health Schedule, central booking system for child health services, and central intake for metropolitan child development services.

CAMHS has continued enhancements to the Acute Community Intervention Team as well as improvements to the quality of care in the Bentley Adolescent Unit and at Princess Margaret Hospital for Children (Ward 4H); commenced implementation of the Choice and Partnership Approach, a recognised global framework for services in the community; and developed a new model of care for Complex Attention and Hyperactivity Disorders Service including new pathways and a specialised hub for services. CAMHS reform agenda is supported by a Quality Action Plan which also addresses recommendations made by: Professor Stokes in his Mental Health Review Report, the Coroner, Chief Psychiatrist as well as the National Safety & Quality Health Service Standards and National Standards for Mental Health Services. As this is priority area of the Council we have been apprised of the continuing increase in demand for acute response for high risk children and adolescents despite considerable innovation and reform undertaken by the Child and Adolescent Mental Health Services team.

### Governance

### Patient, Safety and Quality

As from 1 January 2013 all health services will be accredited against the National Safety and Quality Health Service Standards. For the Child and Adolescent Health Service this commences with a Transitional Periodic Review accreditation survey which assesses against the first three standards in early September 2013. The Child and Adolescent Health Service is well underway in preparing for survey against. The Child and Adolescent Health Service is well underway in preparing for accreditation of the three standards being accredited, namely governance for safety and quality in health service organisations, partnering with consumers, and preventing and controlling healthcare associated infections. The Health Service is taking a leadership role and working in partnership to drive the organisation's performance forward in the delivery of safe high quality care in hospital and in the community.

### Health services planning

At the forefront of planning, young people and their families or carers should have equitable access and options for healthcare services, and that the patient and family centric journey needs to be an integrated and seamless service experience provided in convenient local care settings. The Council was an active partner in developing the Child and Adolescent Health Service strategic road map for the next four years and the outcomes are aligned with creating better experiences for patients and their families; achieving best practice, contemporary models of care; achieving purposeful clinician, consumer and community engagement strategies, and enhancing the capacity and competence by advancing the priorities of child and family centred care.

### **Engagement and Communication**

The Council as advocates of children, their families and carers, has undertaken important consumer and clinician engagement activities during the period:

In advocating for:

- patient and family centred care, the Council has engaged with a diverse range of stakeholders in the design of paediatric wards and services and recommended improvements to patient are practices. Stakeholders include: patients, families and carers, consumers, primary care sector, non-government sector, secondary paediatric sites.
- non-tertiary services being delivered closer to the child's community, improving access
  to health services as well as providing care closer to home for children and
  adolescent, the Council has raised the awareness of the state-wide Paediatric
  Implementation Plan across government and the broader health services sector. This
  has involved briefings with clinicians and staff in the planning and future devolvement
  of non-tertiary services.
- improvements in mental health services for children and adolescents, an awareness programme across all levels of government has been enacted and the broader health services sector.
- an increase in immunisation rates across Western Australia through a multi-faceted approach across the health sector and a mix of solutions to perform vaccinations, the

Council is actively involved in the implementation of the Western Australian Immunisation Strategy and raising awareness across the health services sector.

The Council has continued to deepen its understanding of health service needs of children and young people and have engaged with many stakeholders, such as the Princess Margaret Hospital Clinical Staff Association, Western Australian Medicare Locals, Statewide Aboriginal Health Planning Forum, Telethon Institute of Child Health Research, etc.

### **Future Strategic Focus**

### Mental health for children and adolescents

The majority of infants, children and adolescents receiving services for a mental health problem should do so in a community setting.

Five percent of infants, children and adolescents have significant and severe mental disorders requiring access to specialist mental health disorders, and this equates to 20,410 Perth infants, children and adolescents. Whilst the national key performance indicator is 1.6 per cent, currently Child and Adolescent Mental Health Service currently see 0.6 per cent of the child population. The Council will focus on service delivery across the intervention continuum by way of influencing greater training opportunities to other service providers and improve primary and secondary consultation across all service level tiers. The Council will build on the last twelve months and forge greater collaborative activities between existing partners to reach the most vulnerable including those diagnosed with conduct disorder, autism or an intellectual disability as well as children in care. The Council will ensure consultation occurs with existing partners such as child and school health nurses, paediatricians, educational professionals, mental health workers, child protection agencies, and non-government organisations such as Youthfocus, Wanslea, Headspace, general practitioners, and private therapists, and are aligned to improve child and adolescent mental health services.

### **Aboriginal Health**

The health status of Aboriginal families and the prevention of acute and chronic disease continue to be a priority for CAHS and the Council, with staff continually striving to improve the level of engagement with Aboriginal children, young people and their families, particularly those with additional health needs. The Council will focus on influencing the success of early intervention and prevention activities, such as those articulated in the WA Immunisation Strategy 2013-2015 and the WA Health Aboriginal Leadership Strategy 2013-2016, as well as supporting and advocating the CAHS Cultural Learning Plan 2013-15. The success of these strategies will rely on building the Aboriginal workforce, ensuring services are culturally appropriate, fostering greater partnerships to establish and implement key activities such as: improving the immunisation rates with the primary care sector, using the expertise of Aboriginal stakeholders to improve Aboriginal healthcare, and developing and empowering Aboriginal staff to pursue leadership opportunities.

### Paediatric Implementation Plan

The Paediatric Implementation Plan is now progressing to a key stage of the program involving broader community and engagement of consumers to raise the awareness of existing paediatric services at metropolitan general hospitals and engaging the consumer and community in the development of future paediatric services.

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The Paediatric Implementation Plan has been developed on the premise that Princess Margaret Hospital and the new children's hospital remain as the primary provider of tertiary paediatric services and that safe, high quality non-tertiary care is delivered closer to home. The implementation of this plan is now moving into an important phase of increasing awareness of existing services at general hospitals and engaging the consumer and community in the development of services ahead of the opening of the new children's hospital. The Council will focus on influencing improved service delivery in secondary paediatric hospital sites and constructive engagement with consumers in planning services to achieve the outcomes of this important reform.

# Appendix 1 - Council Meetings

Outcomes				
Engagement	CAHS Clinical Reform     CAHS Governance and     Performance	CAHS Governance and Performance     Child and Adolescent Mental Health Services	Community Health and     Community Development     Central Immunisation     Clinic	<ul> <li>Princess Margaret Hospital (site tour with clinicians)</li> <li>PMH Clinical Staff Association</li> </ul>
Governance	Patient, safety and quality (overview, measurements and framework)     CAHS Operational Plan     CAHS Governing Council Operational Manual	Patient, safety and quality: measurements, clinical incidents and risk management	Patient, safety and quality: measurements including: LTI, staff turnover, blood stream infections, elective surgery	<ul> <li>Council strategic planning workshop</li> </ul>
Performance	Performance reports:	Performance reports:  • Finance and activity • Community Health and Development Services • CAMHS • Closing the Gap in Indigenous Disadvantage	Performance reports: • Finance and activity • FTE management and workforce planning • NEAT and NEST • CAMHS • Closing the Gap in Indigenous Disadvantage • Launch of the Enhanced Aboriginal Child Health Scheduled	
Planning	WA State Burns Unit     CAHS Reconfiguration and Reform Programme	WA State Burns Unit     WA Clinical Services     Framework     CAHS Reconfiguration and     Reform Programme     Outpatient redesign     programme     New Children's Hospital     Update	New Children's Hospital     Update     Child Health Nurses     Update     Aboriginal employment     Paediatric Implementation     Update     PICU update	<ul> <li>Child health development wellbeing indicators</li> <li>Child and adolescent mental health (services framework)</li> <li>Paediatric Implementation Plan</li> </ul>
Meeting	2012 Jul	Aug	S e o	Oct

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e Engagement Outcomes	d • CAHS Finance • WA Medicare Locals	Joint strategic planning workshop (Council and CAHS Executive Management Team)		d • WA Public Health and Clinical Services linical • Joondalup Health Campus • SMHS Governing Council • NMHS Governing Council	Road • WA Public Health – Immunisation ds – CAHS Patient, Safety and sil Quality date	Youth, consumer, aboriginal health updates     Telethon Institute of Child Health Research
Governance	Patient, safety and quality: measurements, clinical incidents and risk management	shop (Council and C	No meeting	Patient, safety and quality:     measurements, clinical incidents and risk management     Review of CAHS Vision, Mission and Values     Review draft Strategic Road Map	CAHS Strategic Road Map (final)     NSQHH Standards – Governing Council Introduction     Health Service Accreditation Update	
Performance	<ul> <li>Financial year analysis</li> <li>NEAT and NEST Update</li> </ul>	Joint strategic planning works		Performance reports:     Finance and activity     FTE management and     workforce planning     NEAT and NEST	CAHS performance update	CAMHS internal reforms and progress report     CAMHS Quality Action Plan progress report
Planning	<ul> <li>Paediatric Implementation     Plan (consumer     engagement)</li> <li>New children's hospital     (exterior design update)</li> </ul>			WA Health Strategic Investment Plan     CAMHS response to Mental Health Review Report	<ul> <li>Paediatric Implementation Plan (half year update)</li> <li>New Children's Hospital Update</li> <li>PMH heritage listing</li> <li>PMH Artefacts and Art</li> </ul>	CAMHS activity and demand     Mental Health Commission Clinical Services Plan     Mental Health Commission Service Level Agreement     CAMHS actions against the 2012 Stokes Review     Suicidality and social media research project update
Meeting	Nov	Dec	2013 Jan	Feb	Mar	April (def 07.05.13)

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Outcomes		
Engagement	Youth, consumer, aboriginal health updates     Community Health - Immunisation     New Children's Hospital Project Team     CAHS Customer Liaison     Telethon Trustees     Joondalup Health Campus     Fiona Stanley Hospital	Youth, consumer, aboriginal health     CACH staff     Health Consumer     Workshop     PMH Immunology and Allergy
Governance	Patient, safety and quality: measurements, clinical incidents and risk management	Patient, safety and quality:     measurements, clinical incidents and risk management     Overview of accreditation
Performance	Performance Reports:  • Finance and activity  • NEAT  • NEST  • CACH	Performance Reports:  • Finance and activity  • NEAT  • NEST  • CAMHS
Planning	New Children's Hospital     Project: change     management and     transition.     Immunology and allergy     services	New Children's Hospital Update CACH – Immunisation (demand management in a community setting) Suicidality and social media research project update Health Information Network - technology tour Bentley Adolescent Unit - Psychiatry after hour services
Meeting	Мау	Jun

## Appendix 2 – Stakeholder Engagement

Stakeholder/Organisation	Mental health	Paediatric Implementation Plan	Immunisation	New Children's Hospital Project
Central Immunisation Clinic				
Commissioner for Children and Young People				
Joondalup Health Campus				
Mental Health Commission				
North Metropolitan Health Service Governing Council				
Princess Margaret Hospital Clinical Staff Association				
South Metropolitan Health Service Governing Council				
Telethon Institute of Child Health Research				
WA Medicare Locals				
WA Public Health				
Youth Focus				

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