1. Following the Forster report (September 2005), the Minister for Health devolved significant accountability and decision-making from Corporate Office to three Area Health Services.
2. In September 2006, the then 37 Health Service Districts were consolidated into 20 larger districts with greater independence from the Area Health Services, although Area Health Services functions remained unchanged.
3. The proposed structural reforms build on the gains made by the Department of Health post-Forster to further strengthen Health Service Districts and improve performance and accountability by:
* removing one level of bureaucracy by abolishing the three Health Areas
* reducing the number of Health Districts from 20 to 15
* establishing direct reporting lines from Health District heads to the Director-General of Queensland Health
* cutting around 50 management and communications positions
* generating savings of at least $5 million recurrently
* using savings to cut children’s long wait lists for elective surgery
1. The configuration of the new Health Service Districts was reached following consideration of population, budget, existing health service capabilities, geographical proximity and regional factors (e.g. identity).
2. Cabinet endorsed the following structural reforms for the Department of Health:
* abolish the three Area Health Services;
* reduce the number of Districts from 20 to 15 (each to be headed by a single Chief Executive Officer);
* establish direct line reporting by District Chief Executive Officers to the Director-General, and allocate each Deputy Director-General portfolio responsibility for a number of districts; and
* apportion current responsibilities of Area Health Services to Districts or Corporate Office.
1. Cabinet noted that the reforms savings may be used to fund elective surgery procedures.
2. Cabinet noted preparation of legislative amendments (if any) necessary to give effect to the proposed district structure.
3. *Attachments*
* Nil.