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17th Combat Service Support Brigade
Home to the New Deployable Health Capability

Scope

- 17 CSS Bde role
- Combat Health Review Outcomes
- New Health Structures
- Health training
- Transition timeline
- The Future



Role

- *To provide general CSS and MP support to land based forces in joint, combined and inter-agency operations*



17th Combat Service Support Brigade



Northern Territory

Darwin



1 MP BN
B Coy



10 FSB
36 Wtr Tpt

Townsville



1 MP BN
A Coy



10 FSB

HQ 10 FSB
35 Wtr Tpt Sqn
30 Tml Sqn
2 Fd Sup Coy
10 Log Spt Coy

Queensland

Brisbane



1 MP BN
D Coy
Trg Tm
CPP Det
MPD PI
12 MP PI



1 CHB
11 CHC



2 GHB

BHQ
2 Surg Coy
1 PM Coy
33 Dent Coy



9 FSB

8 Pers Spt Coy

Amberley



9 FSB
HQ 9 FSB
26 Tpt Sqn

9 Log Spt Coy
37 Fd Sup Coy

New South Wales

Randwick

HQ 17
CSS Bde



1 Psych Unit



3 HSB



Richmond

9 FSB
176 AD Sqn

Holsworthy



1 CHB
BHQ



2 GHB
1 Surg Coy



17 Sig Regt

Paddington



1 MP BN
HQ 1 MP Bn
11 MP PI

Garden Island



10 FSB
SAD HMAS
TOBRUK,
KANIMBLA &
MANOORA

Western Australia

Perth



1 MP BN
7 MP PI

South Australia

Adelaide



3 HSB



1 MP BN
8 MP PI

Devenport

2 FSB
44 Tpt Sqn

Launceston



3 HSB

Tasmania



Hobart

2 FSB
HQ 2 FSB
6 Sup PI
6 Log Spt Coy



1 MP BN
8 MP PI

Victoria

Melbourne



1 MP BN
C Coy RES HQ
9 MP PI
10 MP PI



3 HSB

9 FSB
3 Recov Coy
1 Pet Coy



Bendigo/Horsham

9 FSB
15 Tpt Sqn
128 Tpt Tp

Bandiana



1 MP BN
9 MP PI



Back ground

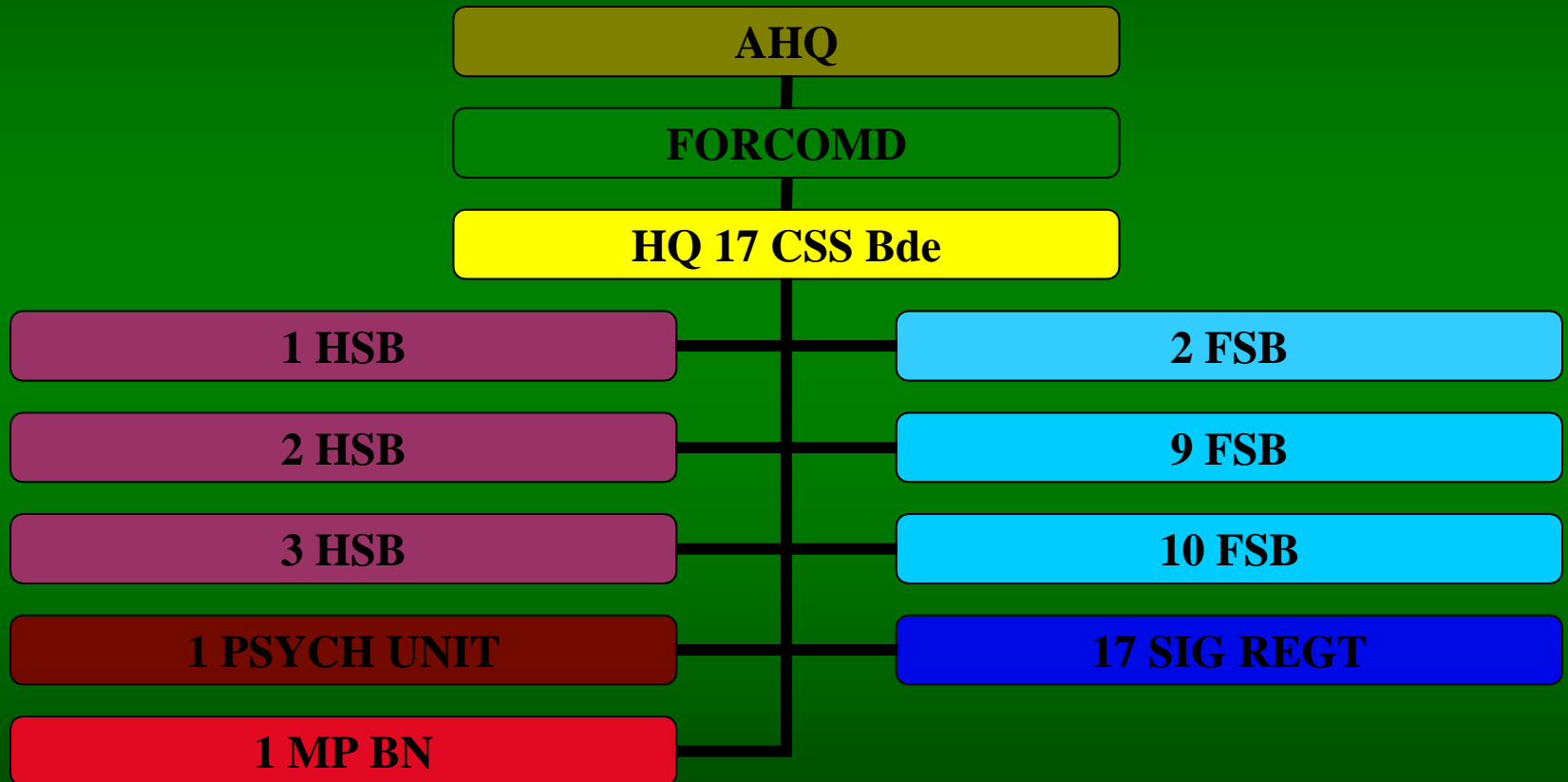
Combat Health Review

- Fundamental change in the structure and delivery of combat health support
- With effect 14 Nov, COMD 17 CSS Bde will have full command of all combat health assets (less SOCOMD)
- Designed to address the lack of capacity which exists within Army health by brigading the limited health assets available
- System designed to dramatically improve clinical practice, training and governance
- Combat health assets will be grouped within four units:
 - manning total: 909 ARA/903 ARES.



17th Combat Service Support Brigade

17 CSS Bde Structure



17th Combat Service Support Brigade

1st Close Health Battalion

- 446 ARA; 80 ARES
- Will consist of integral and close health support personnel centralised under Close Health Companies in 1, 3 & 7 Bde
- Key capabilities:
 - MED TECH down to platoon level within BG and additional MT for non-manoeuvre units
 - deployable close health platoons capable of providing integral health support to three BG
 - can be augmented with shock trauma, EH, psych, diagnostics, AME, rehabilitation and surgical capabilities
 - AME capability comprising four teams
 - surface evacuation capability
 - deployable unit Role 2 (Enhanced) HQ
 - CHC HQ capable of providing casualty clearance and tracking, health planning and augmentation of JTF HQ
 - centralised management of PTI in Darwin, Adelaide, Townsville and Brisbane to provide regional physical conditioning and rehabilitation, and support to soldier rehabilitation units



2nd General Health Battalion

- 395 ARA; 272 ARES
- Will be a fully integrated (ARA and ARES) hospital that will centralise niche health support capabilities
- Key capabilities:
 - Two surgical coy will provide the principle deployable clinical capability.
 - independently deployable entities capable of forming a discreet small 'hospital'
 - capable of two site operations able to provide simultaneously a R2E and a R2LM surgical capability for short durations
 - Shock Trauma Platoon will be capable of deploying forward in direct support of CHP to provide advanced non-surgical resuscitation capability
 - Army **centre of excellence** for dental, EH, pathology, and diagnostic imaging
 - Dental Coy will provide Army's sole deployable dental capability
 - PTI will be centrally managed in regions other than Darwin, Adelaide, Townsville and Brisbane for physical conditioning and rehabilitation



3rd Health Support Battalion

- 27 ARA; 509 ARES
- Will provide C2 and management of ARES health specialists that are vital to Army's deployable Health capability
- Key capabilities:
 - recruitment, development and nurturing of 'high end' ARES health professionals capable
 - expanded regional presence in order to attract and retain ARES health professionals – Mel, Adl, Tas, Syd.
 - lead 'high end' clinical health MST for Army, including observer/trainer development
 - capture all health trades as personnel leave the ARA



1st Psychology Unit

- 41 ARA; 42 ARES
- All deployable Army psychology teams will revert to a centralised construct
- 1 Psych Unit will be a fully integrated (ARA and ARES) unit with its teams remaining geographically decentralised
- Key capabilities:
 - deployable Psychology Support Teams (PsST)
 - centralised management of all operational mental health capability within RTS
 - dedicated specialist capability development and operational analysis
 - standardisation of MST for all deployable PsST



Health Training

- New Clinical training regime
 - National Registration
 - Competency Log Books
 - Ranges V Clinical Training
- Strategic Alliance
- Levels of Preparedness
 - T1, T2, T3



Transition timeline

- 1 Nov – JHC equipment
- 3 Nov – Changing name parade
- 14 Nov – Transition
 - Personnel
 - Capability
 - Equipment



The Future

- 60% + time on directed clinical experience
- Health leading health
- One chain of command
- BG benefiting from more focused CHP
- Right time, right place, right training
- Centralised C2, decentralised location



Questions



17th Combat Service Support Brigade