

Multicultural and Refugee Health Service

Restructure Proposal

The Hunter New England Local Health District Multicultural and Refugee Health Service has grown since the creation of the Health Care Interpreter Service and the Migrant Health Service in the 1980s.

Service growth has occurred within the Multicultural Health Liaison Officer Service with roles currently aligned to HNE Sectors or Services.

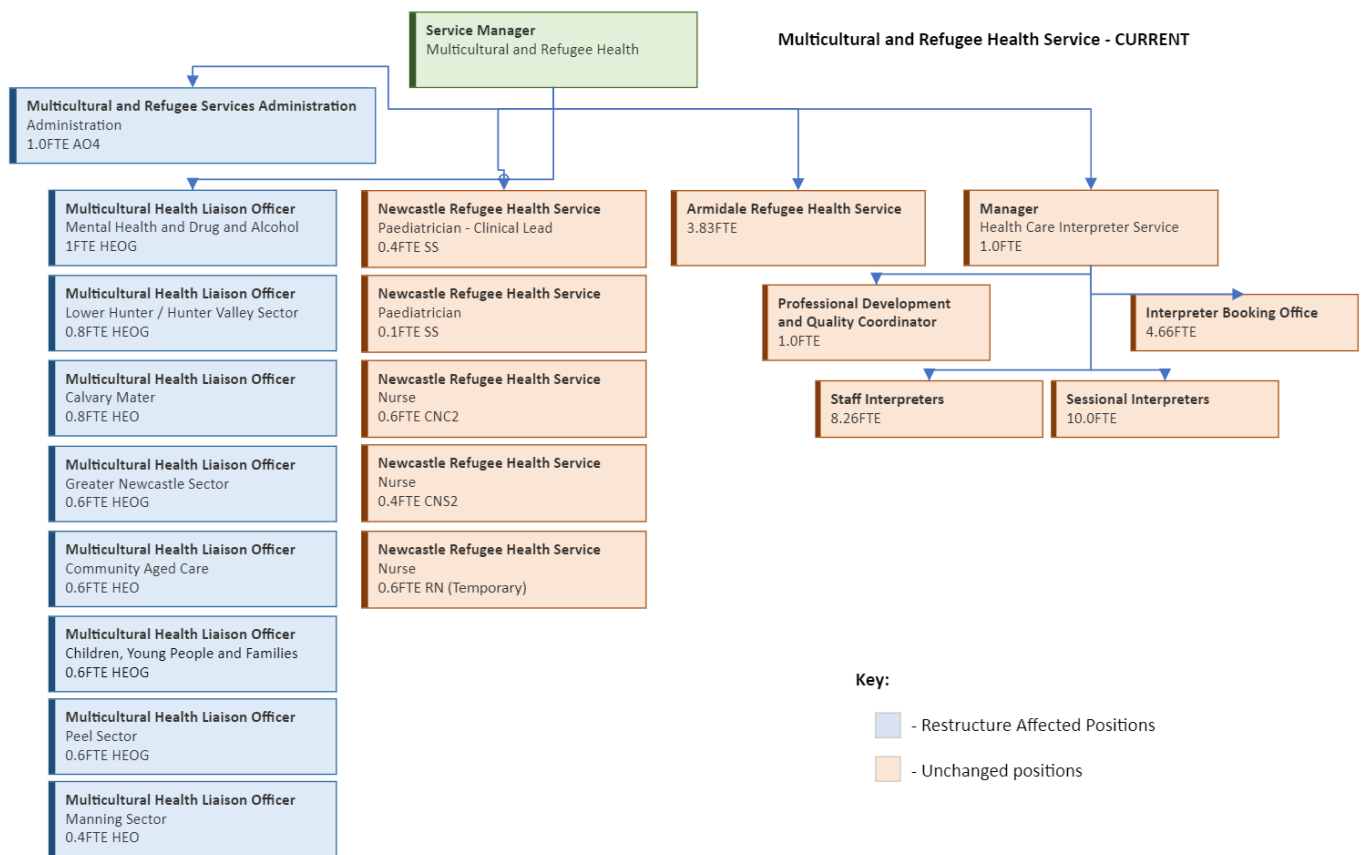
On review, the current Service structure does not allow for the implementation of District-wide programs, training, research and support, or support equity of access for all patients the service was established to support. Further, considering the recommendations of the recent Ministry Health Care Interpreter Review and required actions, a structure is required to see the HNE implementation.

The role of the Multicultural Health Liaison Officer has evolved in recent years from the traditional direct patient liaison role, with the exception of Mental Health, and Maternity Services. The role currently provides support and focuses on capacity building of clinical and administration staff at facilities and community health services. This allows local staff to provide the direct supports that were previously provided by the liaison officers.

The case for restructure has been informed by:

- Discussions with staff about current practice, gaps in service delivery, and opportunities to improve service delivery;
- Unbalanced allocation of current staffing to support the District, services and facilities following the HNE Clinical Reorganisation currently underway;
- Discussions with internal and external partners including Multicultural Access Committee Chairs, about the needs, expectations, emerging issues and opportunities that were not being adequately addressed/met through current service delivery;
- Well established models of program delivery that highlight the need for a programmatic approach to service delivery;
- Established approaches addressing health inequities and the design and delivery of models of care and health promotion programs to communities experiencing disadvantage; and,
- Review of service models in Multicultural Health/Priority Populations/Diversity Inclusion services throughout NSW.

Current Organisational Chart



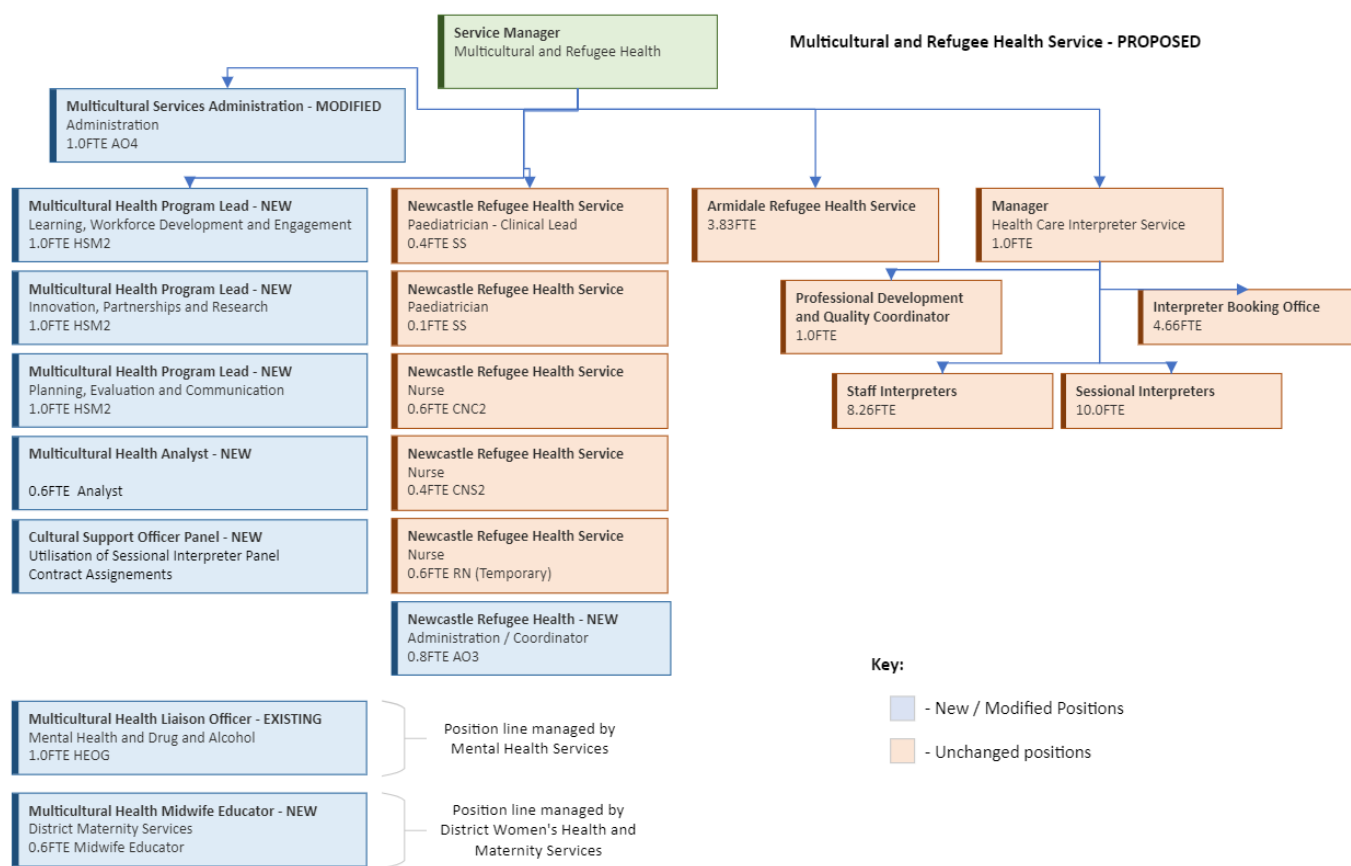
A modified structure is proposed to better align internal priorities across HNE Health; develop stronger workforce development and capacity building throughout the District; develop an enhanced focus on equity and service access for patients; and, build an enhanced focus on engagement, communication and program evaluation.

The proposed model includes:

- Three new Program Lead positions (HM2 – Program Management Office)
- One new Analyst position (Analyst – Program Management Office)
- One new Administration position (AO3 – Newcastle Refugee Health)
- One new dedicated Maternity Multicultural Health Midwife Educator position (Midwife Educator – line management to District Women’s Health and Maternity services)
- Maintaining one dedicated Mental Health Multicultural Health Liaison Officer position (HEOG – line management to District Mental Health Services)
- The development of a Cultural Support Officer panel from existing Sessional Interpreter panel to provide cultural support to complex patients, and advise clinicians, when required.

The proposed model will impact current employed staff. Regular consultation with staff and the Health Services Union will occur in accordance with relevant policy.

Proposed Organisation Chart



Consultation Timeline

Task	Documentation / Task	Timeframes (Indicative)
Consultation period with staff and union commences	Restructure Consultation Paper and draft position descriptions	Tuesday 24th Sept
Consultation period closes		Wednesday 16 th Oct
Feedback reviewed and considered	Restructure Consultation Paper - Feedback from consultation	Friday 18 th Oct
Finalisation of consultation document considering feedback received during consultation	Restructure Consultation Paper (Final)	Wednesday 23 rd Oct
Approval by Executive Director Clinical Services, Nursing and Midwifery, and Chief Executive of final structure and to proceed with implementation		Friday 25 th Oct

Written advice issued to affected staff	Letter to advise of 'affected status'	Week commencing Monday 28th Oct
Individual meetings with affected staff and process of direct matching of affected staff to renamed positions in the new structure	Letter to advise of matching to position where applicable	Week commencing Monday 28th Oct
Staff not matched or appointed to positions are referred to the Premier's Department Workforce Mobility Placement Team	HR to assist with referral process	Week commencing Monday 28th Oct
Positions externally advertised		Friday 1st Nov
Selection process for positions commences	Assessment of applications and interviews	Friday 15 th Nov
Staff not matched by the Premier's Department Workforce Mobility Placement Team are declared excess	HR to assist with management of staff in accordance with the Managing Excess Staff of the NSW Health Service PD2012_021	To Be Confirmed