



Northern NSW Local Health District

Adult Mental Health Structure – Consultation Paper

Purpose

The purpose of this document is to provide employees with the opportunity to comment on the proposed changes to the Adult Mental Health Structure within the Mental Health Alcohol and Other Drugs Services Directorate.

Background

The adult mental health services (AMHS) are currently aligned to an historical LHD structure of Tweed/Byron and Richmond/clarence health service groups.

As the adult mental health service (AMHS) has grown over the previous 4 years with the enhancement following the Toward Zero Suicide Initiatives, the Disaster Recovery Team and the establishment of a Child and Adolescent Mental Health service (CAMHS), there is an opportunity to realign services along functional lines.

Both the CAMH service and Alcohol and Other Drugs (AOD) services are streamed across the district with a Service Manager (single point of accountability as the senior operational manager) and a Clinical Director (Clinical lead). Whilst the Service Manager has responsibility for service delivery, human resource, financial management and risk management, the Clinical Director takes an active role to manage clinical risk through quality improvement, clinical standards and evidence informed practice but is key to service redesign and models of care.

The AMHS current structure has a Service Manager and Clinical Director for each mental health service group – Richmond Clarence and Tweed Byron.

Current organisational structure (Appendix A)

Please see attached.

Weaknesses of current structure

Adult Mental Health Service Group Structure:

- The health service group structure is no longer fit for purpose due to an increase in service options, digital health initiatives and significant regional growth. These factors impact access and capacity to the mental health services in the community and inpatient units and reinforces process and practice variation along geographical boundaries.
- Workforce attraction and retention has continued to be an issue for the Richmond area (Lismore/Casino) and escalated in February 2022 following the flood with ongoing high numbers of vacancies across several teams. This inturn has led to interim service changes over the 2023/24 Christmas period, reduced service activity and access for care to the local community.
- Attracting and retaining staff in the Tweed, Byron and Ballina areas has proven more successful due to an increasing population size, proximity to the coastline and accessibility to the Gold Coast.
- Whilst several strategies have been employed over the last 5 years to support a consistent approach to processes, service provision and service profiles, this is yet to be achieved. These strategies have included:
 - establishing a combined Senior Leadership Team (SLT),
 - a combined MHAOD Executive On-Call,
 - a District Quality & Safety Committee,

- Operational Nurse Managers supporting capacity and demand across MHAOD services.

The continued variability between the two Adult Mental Health Service Groups indicates service structure is a rate limiting factor in driving consistency and efficiency.

Overview of proposed changes

The proposed restructure of the adult Mental Health Service (AMHS) is to align the service along functional lines across the district. The following service groups will be created:

- 1) Adult Mental Health Inpatient Service; and
- 2) Adult Community Mental Health Service.

1. Proposed – Adult Mental Health Inpatient Service

- The Director of Nursing, MHAOD (NM 6) would become operationally responsible for Adult MH inpatient units across the district. The four (4) Adult Inpatients unit are Kurrajong, Tallowood, Lili Pili and Tuckeroo – 94 beds. The Director of Nursing will maintain operational management of the Professional Practice Development Nurse Manager and District Operational Nurse Managers. The Director of Nursing will provide over-arching professional leadership for both clinical streams - Mental Health and Alcohol and Other Drugs Services.
- The DON would have over-arching responsibility for the inpatient services, patient flow, and the nursing education team. Thus, strengthening the nursing leadership, career pathway and practice standards of arguably the largest nursing workforce within the Mental Health Services.

2. Proposed - Community Mental Health Services

- A Community Mental Health Service Manager (HM 5) would be operationally responsible for the community mental health services which currently includes Acute Care Services, Mental health Emergency Care clinicians, Consultation & Liaison Services, Community Treatment Teams, and Toward Zero Suicide Services.
- Community Mental Health operational managers (tier 4) will report to the Community Mental Health Service Manager, as outlined in the proposed organisational chart.
- This proposed change would dissolve a current Mental Health Service Manager (HM5) who would become an affected employee.

Proposed organisational structure (Appendix B)

Please see attached.

Benefits of proposed structure

The proposed new structure provides opportunity to improve mental health services within the Local Health District:

- Under a single point of accountability there is the opportunity to ensure consistent practice and process for both Inpatient Mental Health Services and Community Mental Health Services.
- Consistency of practice and processes reduce clinical variation and risk and aims to harness the capability of teams and clinicians and make improvements on a broader scale.
- Improved capability to collaborate on service pathway development with external partners

- Consistent processes and practices allows an increased capacity to understand the patient experience and patient feedback, supporting review and consideration of LHD wide service improvement.
- Workforce benefits include reducing the burden of inconsistent practices and processes; focused recruitment activities and consistent leadership across across multiple teams/sites;

Proposed changes to roles

Tier 3

Current Positions (3.0 FTE)

- Service Manager, Richmond Clarence HM5
- Service Manager, Tweed Byron HM5
- Director of Nursing MHAOD NM6 - vacant

Proposed Positions (2.0 FTE)

- Community mental Health Service Manager HM5.
- Director of Nursing / Adult MH Inpatient Services NM6 – vacant position

Employee Assistance Program (EAP)

As times of change can be stressful, we remind staff of the Employee Assistance Program, available to you online via <http://www.login.lifeworks.com/> (enter User Name: nswlhdeap and Password: NNSWLHD lifeworks) or by telephone 1300 361 008

Indicative Consultation Process and Timetable

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| • Initial discussion with potentially affected and impacted staff | 24-29 July |
| • Tier 4 (Operational Managers) discussion | 31 July |
| • Initial discussion with the NSWNMA, ASMOF & HSU | 31 July |
| • Correspondence to Staff and Associations (NSWNMA, ASMOF, HSU) inclusive of consultation paper | 31 July |
| • Meeting to present/discuss consultation document (unions invited) | 7 August |
| • Staff comments and feedback due | 16 August |
| • Notification of outcome of consultation to staff | 23 August |

Staff Comments and Feedback

We invite any comments, queries or feedback to Deidre Robinson, Director of Mental Health Alcohol and Other Drugs Services on the proposed structure by 16 August 2024 via email to: deidre.robinson@health.nsw.gov.au

For any enquires or further information on the restructure please contact Deidre Robinson on the above email address or on 02 6620 2623.