

# The Centre for Alcohol and Other Drugs

## Change Management Program

July 2021

# What we will cover in this session

## THE CHANGE

Rationale for change

What is changing and what is not changing

Proposed structure and team functions

## THE CHANGE PROCESS

Information on change process

Consultation and feedback process

Support strategies

## NEXT STEPS

Where to find information

Key contacts

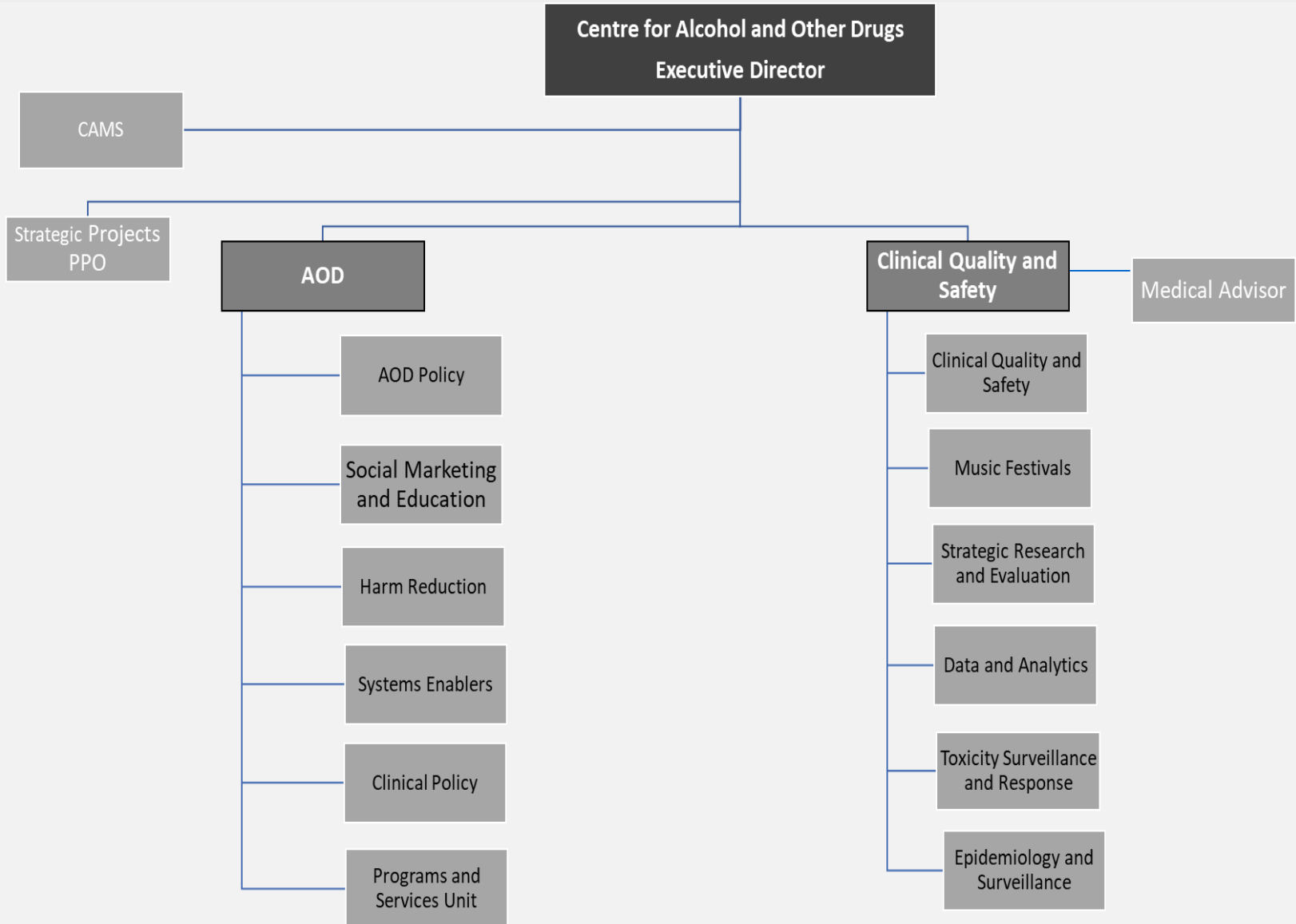
Providing feedback

# 1. THE CHANGE

# Rationale for the new structure

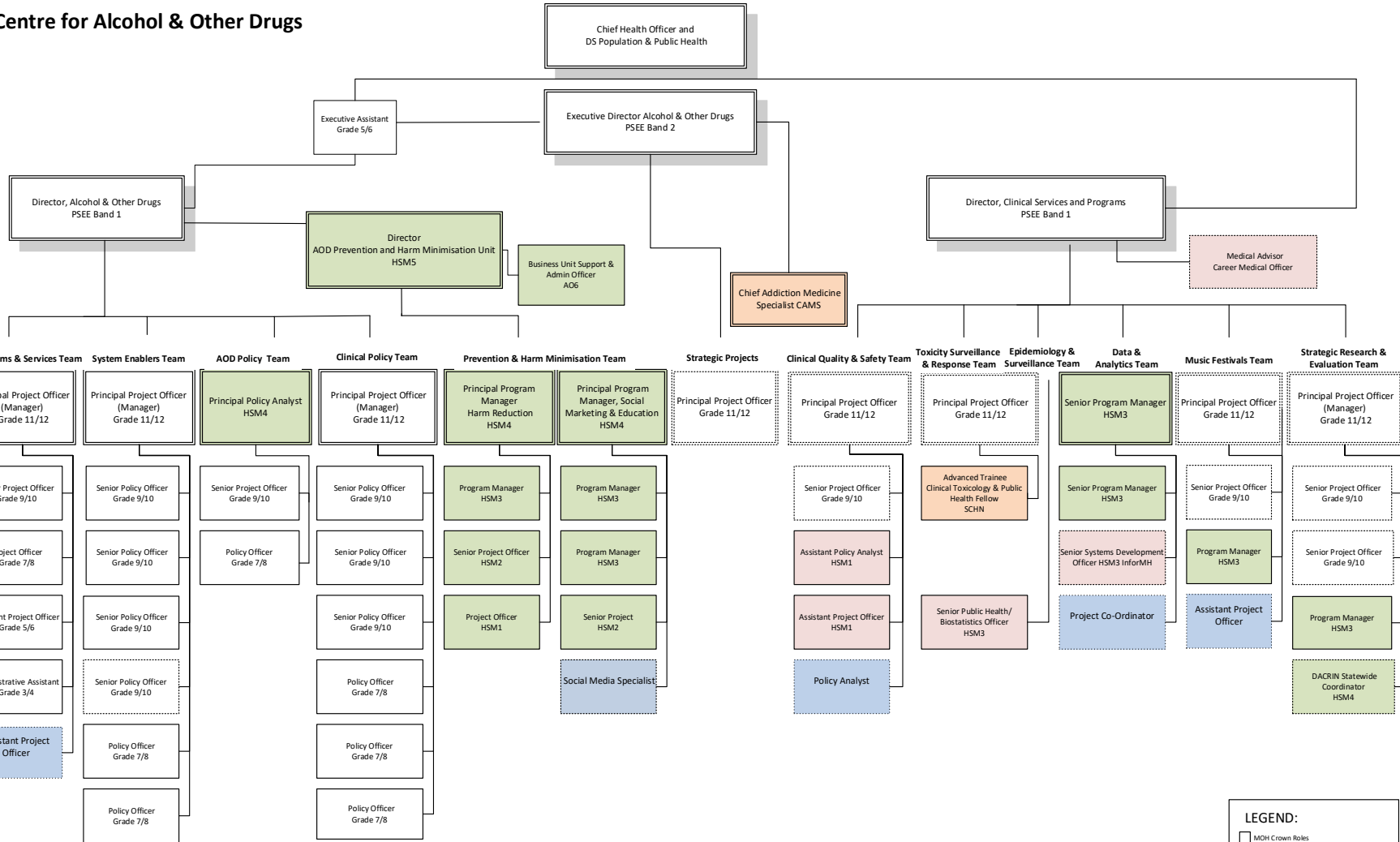
- CAOD has grown organically and opportunistically since inception.
- You provided feedback most recently to your Directors on what needed to change to make us more effective.
- Take a more strategic approach to meet contemporary needs
- Align with Mission and Vision.
- The aim is to reset the branch to meet changed expectations
- To be a fit for purpose Centre

# Current Structure



# Current Organisational Chart

## Centre for Alcohol & Other Drugs



**LEGEND:**

- MOH Crown Roles
- SESJHD Hosted Role
- LHD Seconded roles
- HSG Roles
- Temporary Roles
- Contractor (Not against an established role)

# Review feedback

In the reviews we conducted you told us to:

- Provide clarity of functions and accountabilities
- Align ourselves to our strategic requirements and business plan
- Provide for career path opportunities within and across the units and teams
- Standardise employment arrangements to allow:-
  - consistency of employment terms and conditions
  - full delegations and authority to be exercised to enhance team effectiveness
  - greater ability to mobilise employees to areas of greatest need
  - standard management practice across the Branch

# Review Feedback (continued)

- Reduce ambiguity and overlap as much as possible
- Need to recognise that no branch, unit or team can operate as a silo, and there is always a requirement for collaboration and information sharing
- Better utilisation and expanded capacity of CAMS
- The use of a rapid response unit to contain and manage critical responses in the first instance to minimize disruption to ongoing activity
- Maintain strong HR / Finance / Admin support to the teams



# What we have done so far

- Become a Centre in our own right
- Expanded the presence of the CAMS role and added a Medical Advisor position to support clinical decision making
- Improved business processes and communication
- Improved our corporate and clinical governance
- Expanded into agile working – in partnership with each other and externally
- Undertaken and finalized our Business Plan
- Developed our Vision, Mission and Values
- ..... **streamlining our structure is the next step**

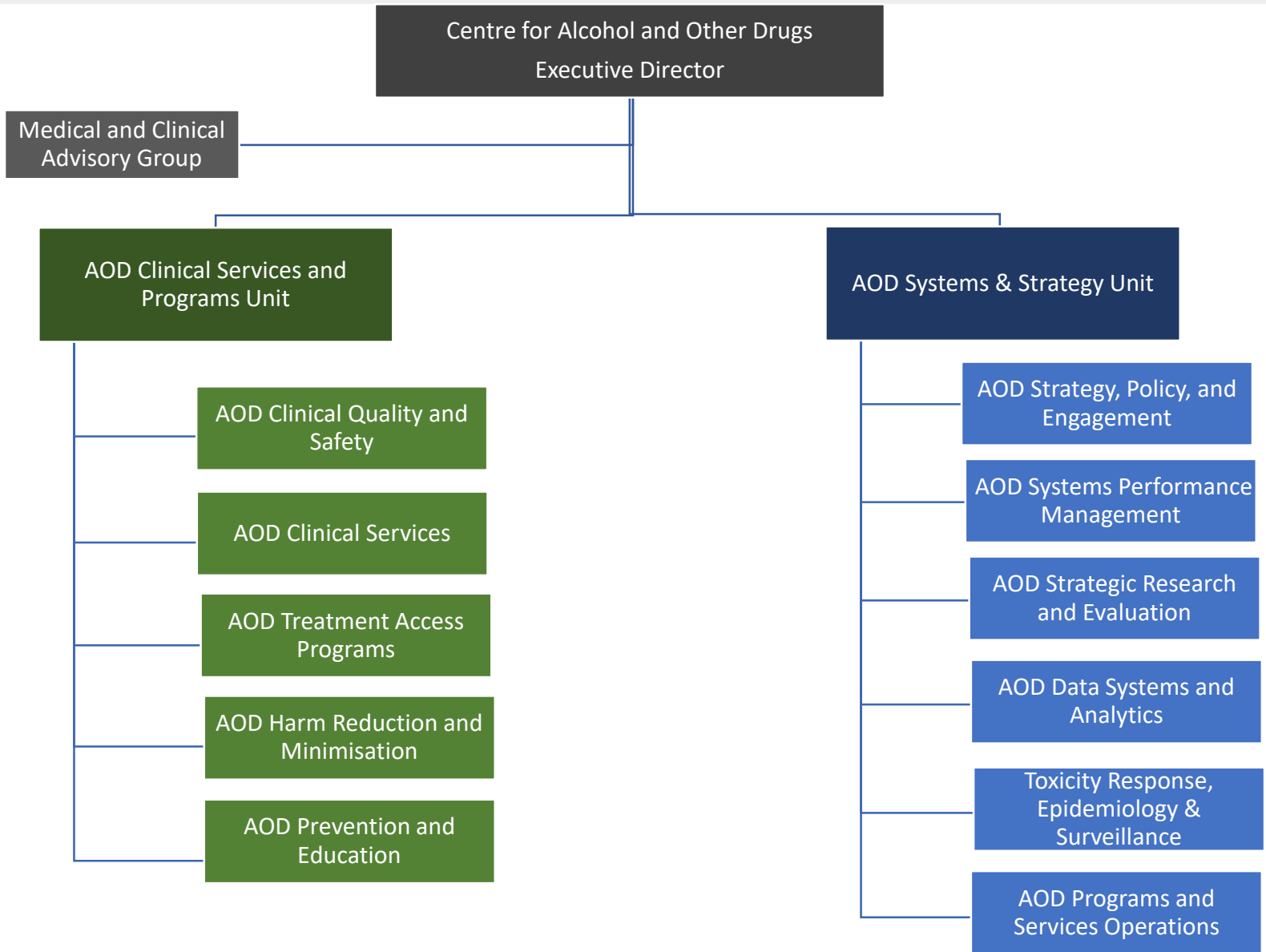
# What is changing

- New Structure aligned to our Vision, Mission, Values and our Business Plan
- Two units that provide clear division of responsibilities and clarity of purpose, with 'like' functions consolidated together:
  - Clinical Services and Programs
  - AOD Systems and Strategy
- Standardised employment arrangements to enhance career development opportunities and enable delegations to be fully exercised by managers
- Heightened focus on, and accountability for, successful delivery through contract and performance management of programs and services

# What is not changing

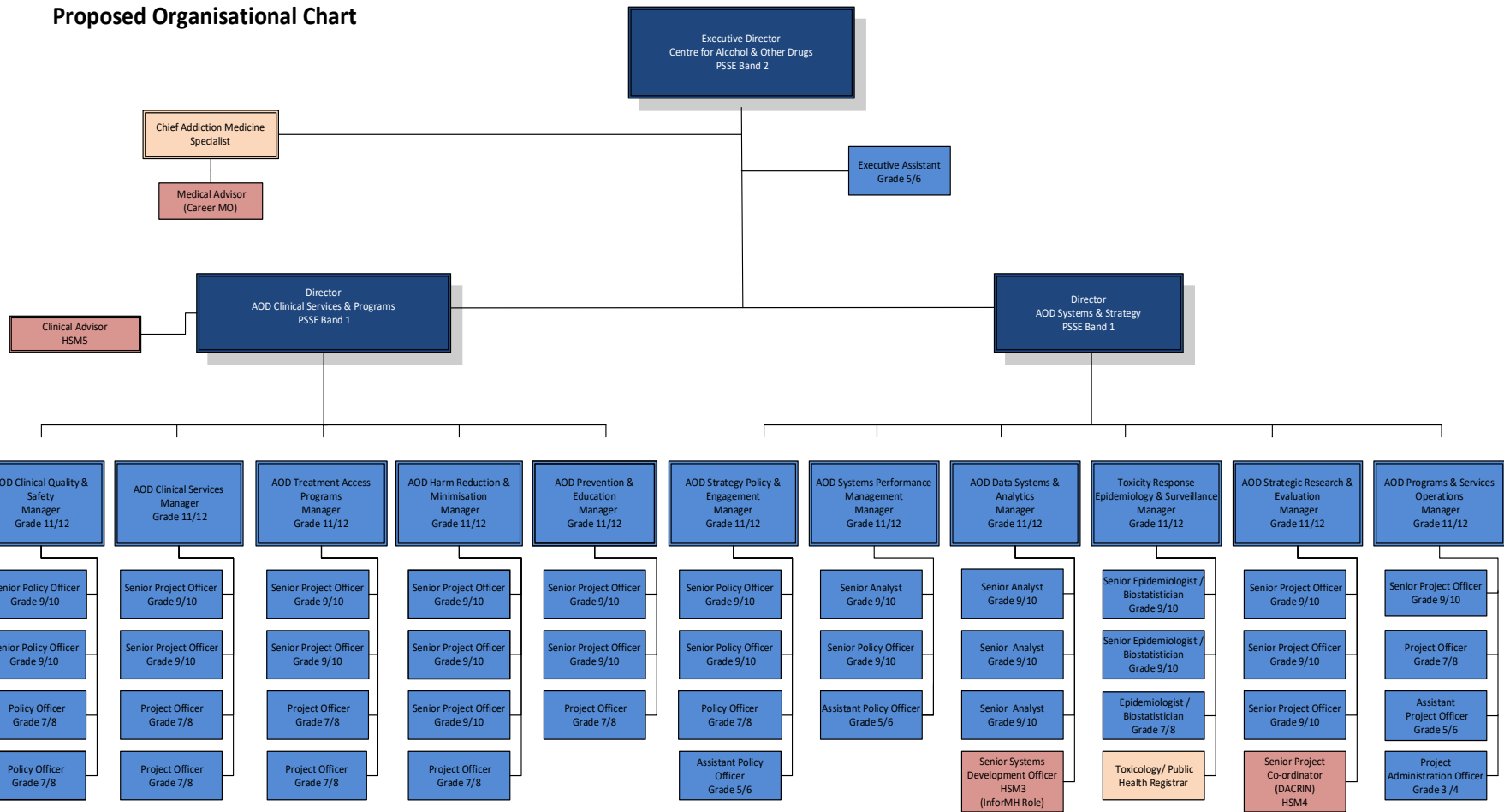
- We are not leaving Population & Public Health Division
- Remain committed to our vision of improving the health and wellbeing of people experiencing harm from alcohol and other drug use
- Roles which are not changing:
  - The CAMS role
  - Medical Advisor role is not changing
  - Toxicology / Public Health Registrar
  - DACRIN Project Coordinator

# Proposed Structure



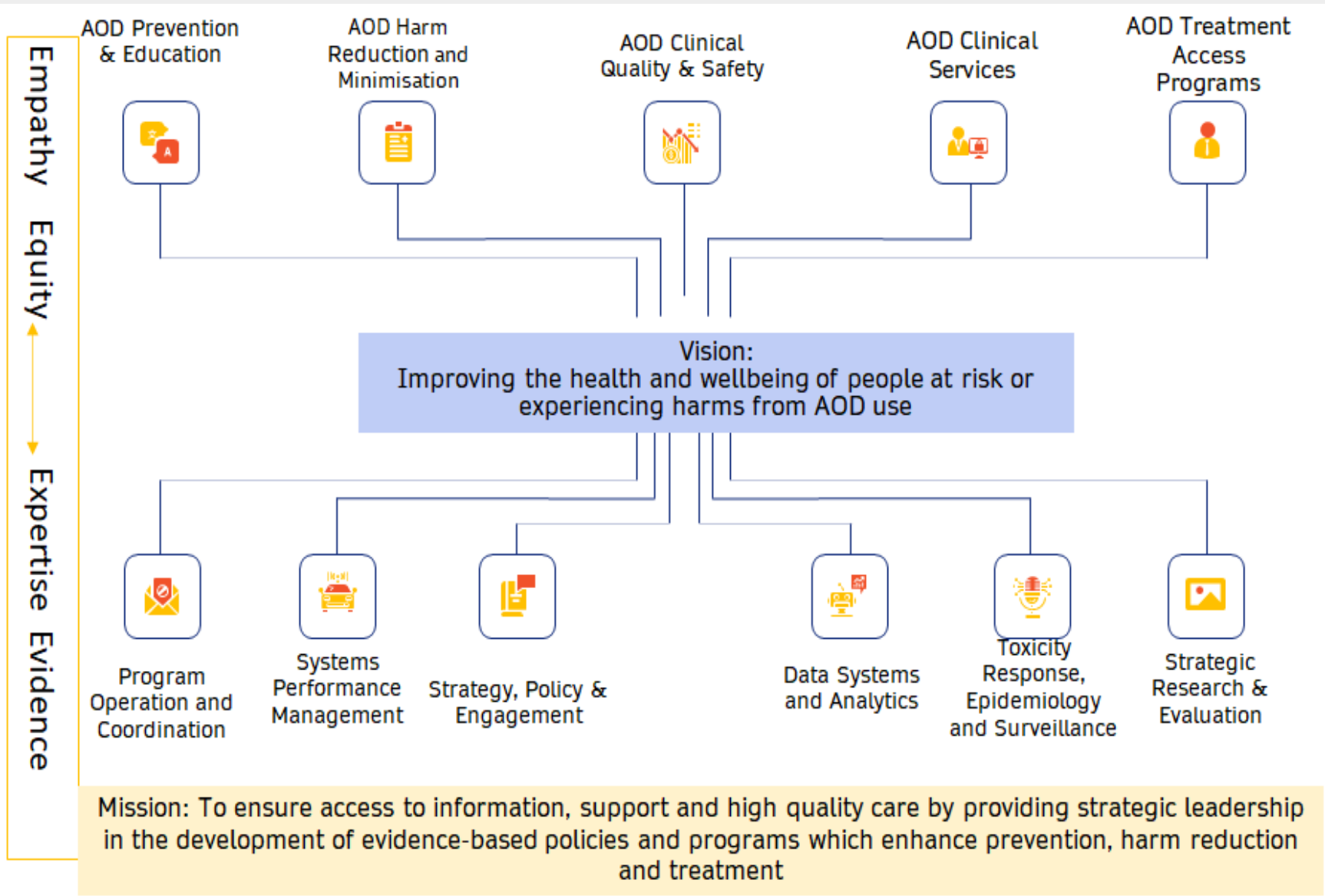
# Proposed Organisational Chart

## Proposed Organisational Chart



LEGEND:  
 HSSG  
 LHD  
 MOH Executive  
 MOH Non Executive

# Aligning to our Vision, Mission & Values



# The Detail:

## Clinical Services and Programs Unit

The Clinical Services & Programs Unit aims to ensure that people at risk or who experience harm related to alcohol and other drug use can access prevention, harm minimisation and treatment programs and services which are evidence based, person-centered , safe, high quality and effective.

Proposed teams:

- AOD Clinical Quality & Safety Team
- AOD Clinical Services Team
- AOD Treatment Access Programs Team
- AOD Prevention & Education Team
- AOD Harm Reduction & Minimisation Team

# Proposed Team Functions: Clinical Services and Programs Unit

Team	Purpose
<b>AOD Clinical Quality &amp; Safety</b>	The AOD Clinical Quality and Safety Team leads the development of policies, guidelines and systems to support the delivery of AOD clinical services and programs which are evidence based, person centred, safe, high quality and effective.
<b>AOD Clinical Services</b>	The AOD Clinical Services Team leads the management and co-ordination of state-wide systems and programs which deliver AOD clinical services.
<b>AOD Treatment Access Programs</b>	The AOD Treatment Access Programs Team leads the management and co-ordination of state-wide systems and programs which enable access to AOD treatment services.
<b>AOD Harm Reduction and Minimisation</b>	The AOD Harm Reduction and Minimisation Team leads and co-ordinates harm reduction and minimisation strategy, policy and programs to reduce AOD related harm.
<b>AOD Prevention and Education</b>	The AOD Prevention and Education Team leads state-wide prevention and education strategy, policy and initiatives to reduce AOD related harm.



# The Detail:

## AOD Systems and Strategy Unit

The AOD Systems & Strategy Unit aims to strengthen health systems in NSW, through coordinating and managing strategy and policy, engaging with and influencing key stakeholders, ensuring the development, translation and utilisation of research and evidence based decision making, developing and maintaining AOD information and data systems, managing AOD funding arrangements and leveraging and managing finance and performance management systems.

Proposed teams:

- AOD Strategy, Policy & Engagement Team
- AOD Systems Performance Management Team
- AOD Strategic Research & Evaluation Team
- AOD Data Systems & Analytics Team
- Toxicity Response, Epidemiology & Surveillance Team
- AOD Program & Services Operation

# Proposed Team Functions: AOD Systems and Strategy Unit

Team	Purpose
<b>AOD Strategy, Policy &amp; Engagement</b>	The AOD Strategy, Policy and Engagement Team leads on the overall strategy, policy, positioning, planning, stakeholder engagement and corporate communications functions for the CAOD.
<b>AOD Systems Performance Management</b>	The AOD Systems Performance Management Team leads the development, implementation and reporting of performance management systems for NSW Health funded AOD programs and services, and drives funding opportunities and enhancement through these systems.
<b>AOD Strategic Research and Evaluation</b>	The AOD Strategic Research and Evaluation Team drives improved research and evaluation opportunities for AOD programs and services and leads the implementation of the NSW Health Strategic Prioritisation Framework for AOD Research and Evaluation.
<b>AOD Data Systems and Analytics</b>	The AOD Data Systems and Analytics Team leads the development and management of AOD data assets, data collation and reporting for improved information management of AOD programs, services and systems.
<b>Toxicity Response, Epidemiology, and Surveillance</b>	The Toxicity Response, Epidemiology and Surveillance Team leads the surveillance, analysis and reporting of AOD epidemiology and critical incident response for NSW Health.
<b>AOD Program &amp; Services Operation</b>	The AOD Program Operations and Co-ordination Team leads the operational management of CAOD programs, services and systems to ensure efficiency, compliance, and co-ordination across the Centre.

# 2. THE CHANGE PROCESS



# Overview of Change Process

- Consultation
- Approval to implement
- Fill roles in accordance with the Ministry's Restructuring Policy and Procedures and Managing Excess Staff of the NSW Health Service
- New structure proposed to come into effect by 1 December 2021
- Ongoing case management by relevant HR teams



# Now – The Consultation Process

- Two week consultation period from 13 July to 28 July.
- **Consultation Process**
  - Talk about it
  - Think about it
  - Ask queries
  - Offer suggestions
  - Seek clarification
- Email all your feedback to [MOH-CAOD-FB@health.nsw.gov.au](mailto:MOH-CAOD-FB@health.nsw.gov.au)

# Implementation

Implementation is when we undertake recruitment to the roles in the new structure.

This is done in three phases in accordance with Policy:

- **Stage 1** – Direct Appointments
- **Stage 2** –Subsequent Assignment / Appointment via Priority Assessment
- **Stage 3** –External Recruitment

This recruitment strategy applies to all non-executive crown roles, and one HSSG role (Clinical Advisor HSM 5), in the new structure

# Stage 1 Direct Appointments

- Direct appointments may be made where there are no or only minor changes to a role and no change in classification or grade
- To assess if there has been changes to a role, a panel will assess the focus capabilities (knowledge, skills, abilities) and essential requirements needed to perform the role
- Employees eligible to be considered for direct appointment are;
  - Ongoing MOH employees at grade
  - Temporary MOH employees at grade with more than 12 months continuous service and who were appointed following comparative assessment after external advertising

# Stage 2 Subsequent Assignment / Appointment via Priority Assessment

- Eligible employees will be considered for subsequent assignment (MOH employees) or appointment (HSSG / LHD employees) to roles at grade / equivalent grade in the new structure.
- Employees eligible to be considered for subsequent assignment / appointment are:
  - Ongoing MOH employees at grade and HSSG /LHD at equivalent grade
  - Temporary MOH employees at grade and HSSG / LHD employees at equivalent grade: with more than 12 months continuous service and who were appointed following comparative assessment after external advertising
- Eligible employees express interest for two preferences at grade/equivalent classification, and invited to submit: (1) a cover letter identifying their preferences and outlining their suitability regarding the essential requirements and capability levels required for the role/s (2) an updated CV; (3) responses to two targeted questions for the role/s.
- The panel will undertake a suitability assessment for all eligible staff for roles at grade / equivalent grade.
- If there are more eligible employees than available roles at grade, or more than one employee expresses interest in a role, an internal priority assessment process (competitive merit) will be undertaken.
- The panel will review capabilities of eligible employees against those required for new roles at the same / equivalent grade, firstly having regard to employee preferences and then anywhere across the branch. Appointments will be made based on merit where applicable.



## Stage 2 (continued)

- In Stage 2, eligible LHD / HSSG employees will be considered for roles at equivalent grade in the new structure. Equivalent grades are considered to be:

Non-Executive Crown Classifications	HSSG / LHD Classifications
Clerk Grade 3/4	AO 6
Clerk Grade 5/6	Health Manager 1
Clerk Grade 7/8	Health Manager 2
Clerk Grade 9/10	Health Manager 3
Clerk Grade 11/12	Health Manager 4
N/A	Health Manager 5

# Stage 3

## External Recruitment

- Any roles vacant after the completion of Stage 2 will be advertised externally on I Work for NSW
- Usual NSW Health recruitment processes for externally advertised roles will be followed to fill these roles.

# Support Strategies

Facilitated change capability development program for all staff

Facilitated job seeking capability development for all staff

Leadership support for Managers

Regular communication from ED and Project Team

Access to online portal of change information updated regularly

Employee Assistance Program

# 3. NEXT STEPS



# Indicative Timeline

<b>JULY</b>	<ul style="list-style-type: none"><li>• Consultation Period</li><li>• Employees provide feedback</li><li>• Commence change management support program</li></ul>
<b>AUGUST</b>	<ul style="list-style-type: none"><li>• Release response to staff feedback</li><li>• Obtain Deputy Secretaries' approvals to commence</li><li>• Facilitated job seeking capability workshops for all staff</li></ul>
<b>SEPTEMBER</b>	<ul style="list-style-type: none"><li>• Change management support program continues</li><li>• Recruitment: Complete Stage 1, Commence Stage 2</li></ul>
<b>OCTOBER</b>	<ul style="list-style-type: none"><li>• Review change management support program ongoing requirements</li><li>• Recruitment: Complete Stage 2, Commence Stage 3</li></ul>
<b>NOVEMBER</b>	<ul style="list-style-type: none"><li>• Recruitment: Stage 3 continues</li></ul>
<b>DECEMBER</b>	<ul style="list-style-type: none"><li>• New structure finalised</li></ul>

# Next steps



Information will be made available to you via email and through a One Drive folder



Please read the documents and ask as many questions as you need to ensure you understand fully and can provide feedback.



Speak with your manager, the Change Team or your Director to clarify any questions you may have about this proposal.



Provide your feedback by emailing [MOH-CAOD-FB@health.nsw.gov.au](mailto:MOH-CAOD-FB@health.nsw.gov.au)

# Key Contacts

- Daniel Madeddu, Executive Director
- Tonina Harvey, A/ Director AOD
- Your Manager
- The Change Team (contact Louise Maher 9461 7714)
- Your HR representative:
  - Brooke Pobihuszka MOH: [Brooke.Pobihuszka@health.nsw.gov.au](mailto:Brooke.Pobihuszka@health.nsw.gov.au)
  - David Attard HSSG: [David.Attard@health.nsw.gov.au](mailto:David.Attard@health.nsw.gov.au)
  - Louise Johnson SESLHD: [Louise.Johnson1@health.nsw.gov.au](mailto:Louise.Johnson1@health.nsw.gov.au)
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- Union HSU <https://hsu.net.au/contact/>
- Employee Assistance Program 1800 337 068 or <https://www.convergeinternational.com.au/cvi/about-us/contact-us/make-an-eap-booking>