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### 1.1 The Need for Change

#### 1.1.1 Description of Service

The Aged Care Assessment Services are comprised of The Aged Care Assessment Team (ACAT) and the Regional Assessment Service (RAS).

The Commonwealth funds NSW Health to provide Aged Care Assessment Services in Northern Sydney Local Health District (NSLHD). The Commonwealth also funds private providers to provide RAS, of which there are 2 in the Northern Sydney Region.

#### **Aged Care Assessment Team**

The ACAT service is targeted for people 65 years of age and older, and Aboriginal/Torres Strait Islander people who are 50 years of age.

ACAT conducts comprehensive assessments of the care needs of older people with complex needs and help them access the most suitable types of care, including approval for Commonwealth subsidised aged care. A person may be approved to receive one or more of the following types of care:

- Residential Care
- Residential Respite Care
- Home Care
- Transition Care
- Short-term Restorative Care
- Younger People With Disability (YPWD) can be assessed for access to Aged Care services under special circumstances
- ACAT can also arrange access to other Commonwealth/Community Services if required

Clients are assessed in the community or as inpatients of the private and public hospitals within NSLHD.

ACAT and RAS also receive and action referrals for Support Plan Reviews (SPR's). A client may require a SPR in the following instances:

- informal care arrangements have changed/ceased; or
- there is a change to the client's needs, goals, additional services, or
- a time-limited service is requested to be extended.

ACAT intake and scheduling is centrally managed through the ACAT Central Office at Macquarie Hospital. There are four clinical teams based at Hornsby Ku-ring-gai Hospital, Mona Vale Community Health Building, Royal North Shore (RNS) Hospital and Macquarie Hospital.

### **Regional Assessment Service**

RAS conduct home support assessments with people over 65 years of age and Aboriginal and Torres Strait Islander People 50 years and older who live at home and are seeking care support funded by the Commonwealth Home Support Program (CHSP). Residents can register with My Aged Care (MAC) for care support.

RAS operate with the MAC online system to record assessments and submit referrals to CHSP-funded service providers.

RAS organise ongoing support for clients requesting additional support via the MAC SPR process.

RAS is based at Macquarie Hospital. RAS home support assessments are conducted with clients in their own home, unless COVID restrictions/client preference due to COVID concerns prevents this.

RAS also receive and action referrals for SPR's under the same criteria as listed for ACAT above.

Eligibility for CHSP support is determined by an initial screening conducted by telephone with a MAC call centre. The RAS Home Support Assessor can be with a client when a phone call is made to MAC in the Assessor's presence.

### **Referral Criteria**

- People who are identified as having entry level care support needs.
- Residents of a group home or residential aged care facility are not normally eligible for assessment and referral for CHSP services.
- Referrals are received from MAC via the MAC Portal.

### **Partnerships**

RAS works in collaboration with all CHSP-funded service providers and Allied Health providers across the Local Health District.

## 1.1.2 Background

The Commonwealth response to the Royal Commission into Aged Care Quality and Safety was released in May 2021 (TAB A). (Link to Commonwealth response to Royal Commission May 2021-

<https://www.health.gov.au/sites/default/files/documents/2021/05/australian-government-response-to-the-final-report-of-the-royal-commission-into-aged-care-quality-and-safety.pdf>)

Royal Commission Recommendation 28 calls for a “single comprehensive assessment process”. The Commonwealth response to this recommendation is that “By 1 July 2023, the Australian Government should replace the Aged Care Assessment Program and the Regional Assessment Services with one assessment process”. The Commonwealth and timelines (and therefore those of the New South Wales (NSW) Ministry of Health (MoH) and NSLHD) to implement this recommendation have subsequently changed to 1 July 2024.

The MoH released a draft position paper. The recommendations from this position paper were:

1. NSW Health recognises the critical role of aged care assessment embedded within the health system and endorses the Ministry to tender for a streamlined assessment model if the AG moves to competitive procurement;
2. NSW Health endorses an approach towards moving to a state-wide streamlined assessment model in anticipation of the introduction of the new AG model from 1 July 2020 to support improved efficiency and improve NSW Health’s competitiveness;
3. Districts review their current workforce model using the assessment services workforce model review tool to identify opportunities to streamline their current workforce model and develop an implementation plan to progress to a more streamlined workforce model; and
4. The Ministry works in consultation with Districts and Workplace Planning and Talent Development Branch to develop a Workforce Strategy and Action Plan to address issues of recruitment, retention and performance.

The MoH, Health and Social Policy Branch, Aged Care Unit (ACU) has recommended that all Local Health Districts “streamline” Aged Care Assessment Services (i.e. the Aged Care Assessment Team (ACAT) and the Regional Assessment Service (RAS).

This process will involve some restructuring.

The brief to request approval to commence the process of streamlining the services by forming a Working Party and commencing consultation with staff was approved by the Chief Executive (CE). The Terms of Reference of the Streamlining Working Party are attached. (TAB C)

The process, recommendations and an action plan are documented, for the CE approval to progress with the proposed implementation.

### 1.1.3 Current Structure and FTE Establishment

The NSLHD RAS current organisational structure (TAB B) and the NSLHD ACAT current organisational structure (TAB C) are attached.

(An additional RAS Trainer AO6 .63 FTE position is not included in these charts. It was eliminated in stafflink in 2022. However, funding is recurrent project funding).

## 1.2 Restructure Plan

### 1.2.1 Reason and Purpose of the Restructure

A proposed restructure is necessary to support a 'streamlined' single model for consumer assessments for aged care. Further reasons are to:

- Provide an efficient assessment service workforce model in NSW:
  - NSLHD's ACAT and RAS teams currently operate with separate business processes which has been identified as the second least efficient model.
  - Integrating ACAT and RAS teams by streamlining administrative and governance structures, sharing business processes and resources and co-locating teams will increase flexibility and efficiency arising from shared management of human and financial resources, increase the capacity to plan and manage aged care assessment services through shared governance and at the client level, more effectively address client needs with the least impact on the client.
  - Assessment teams make substantial efforts to ensure they are operating at maximum efficiency. To aid them, changing the operational context of these teams will allow NSLHD to be more cost efficient per assessment and increase assessments per FTE assessor e.g. if some RAS staff are collocated with ACAT teams, travel distance may be decreased for some assessments.

- Integrating NSLHD's ACAT will more closely align with NSLHD's Strategic Plan 2022-2027 objective 2.5 '*Implement systems that support navigation of care, improved patient and carer experience and easy access to out of hospital services*' and objective 6.2 '*Deliver services that maximise value from existing resources and reduce waste*'.
- Position ACAT and RAS services better to adapt to Australian Government reforms:
  - By adopting a more integrated workforce model, NSLHD will better align with the Royal Commission into Aged Care Quality and Safety Recommendation 28 and Commonwealth's recommendation for a single comprehensive assessment process.
  - If the Commonwealth moves to competitive procurement, NSW Health and NSLHD will be in a more competitive position.
- Assist workforce with meeting minimum efficiency thresholds for districts:
  - NSLHD will have greater capacity to align with the minimum efficiency thresholds in a model which integrates the structure, intake and scheduling process and management arrangements across ACAT and RAS.
  - Shared intake and scheduling provides an opportunity for clinical support to intake roles thus reducing incorrect referral intake.
  - Shared management will reduce efficiency risks through more direct oversight and greater potential to avoid staffing issues.
  - Joint training provides better opportunities to meet professional development needs and accreditation.
  - Co-location of RAS and ACAT teams at Macquarie, Mona Vale and Hornsby will provide more appropriate geographic distribution to the client populations and improve efficiency with transport, etc.

In summary, the purpose of the restructure is to:

- Adopt a more efficient service model in line with the Australian Government reforms.
- Provide the operational context for assessors to meet the minimum efficiency threshold of 6 community ACAT assessments, or 8 in-patient ACAT assessments; or 10 RAS assessments per FTE assessor per week and manage the increasing referrals and SPR's being received.

- Reduce duplication of tasks among management, operational and administrative staff.
- Improve communication between RAS and ACAT teams for a more streamlined approach to intake and scheduling and greater clinical oversight.

### 1.2.2 Proposed New Structure

NSLHD Aged and Chronic Care and Allied Health (ACCAH) recommends a more integrated approach to aged care assessments as shown in the Proposed Organisation Chart (TAB D).

The two teams of ACAT and RAS will be combined under one Manager.

RAS Staff (8.47 FTE) will be relocated across 3 sites at Mona Vale, Macquarie and Hornsby. This will involve the relocation of some RAS staff to the Mona Vale and Hornsby sites. This will provide more equitable distribution of RAS assessors across the district in line with demand. Integration of the assessor roles will allow for better allocation of assessments with ACAT delegated the more complex cases and RAS delegated the more entry level (to Aged Care services) cases.

There will also be co-location of RAS schedulers with ACAT intake officers and the Senior Clinician (with focus on education) at the Macquarie site. The intake processes for the ACAT and RAS (or clinical and non-clinical assessments) will be integrated and processes will continue to be updated as the Commonwealth release further guidelines leading to 1 July 2024.

No staff will be made redundant.



### 1.2.3 ACAT/ RAS Financial Impact Statement

The financial impact statement has been prepared by the PACH Finance and Performance Manager in the Table below.

	Current Year	FORWARD ESTIMATES			
		Current Year + 1 (\$'000)	Current Year + 2 (\$'000)	Current Year + 3 (\$'000)	Current Year + X (\$'000)
<b>RECURRENT</b>					
<b>Expenses:</b>					
Employee related	5,524,917	5,524,917	5,524,917	5,524,917	
Depreciation	-	-	-	-	
Other (G&S, RMR)	642,000	642,000	642,000	642,000	
<b>Total Expenses</b>	<b>6,166,917</b>	<b>6,166,917</b>	<b>6,166,917</b>	<b>6,166,917</b>	
<b>CONSOLIDATED FUND REVENUES</b>					
Commonwealth Funding	5,886,027	5,886,027	5,886,027	5,886,027	
Other (General Fund Top Up)	233,825	233,825	233,825	233,825	
<b>Total Consolidated Funding</b>	<b>6,119,852</b>	<b>6,119,852</b>	<b>6,119,852</b>	<b>6,119,852</b>	
<b>Total Financial Position (Fav/ (GAP))</b>	<b>(47,065)</b>	<b>(47,065)</b>	<b>(47,065)</b>	<b>(47,065)</b>	

The financial impact statement indicates that the total financial position (gap) is \$47,065 Unfavourable.

The gap of \$47,065 will be managed by:

- Utilising the substantial ongoing vacancies carried by ACAT particularly since COVID-19.
- This may also be covered if additional funding is allocated to the service to cover increased demand.
- The Ministry of Health is yet to distribute the letter which states the RAS assessment unit price and expected funds for the RAS for FY 23.
- There has been a cost study conducted by the MoH to determine the cost to complete an ACAT Assessment to inform and prepare for the tendering process to be conducted before 30 June 2024. The cost to be confirmed for tendering will include costs contributing to the overall cost of an Assessment and is anticipated to be higher than what is currently funded.
- NSLHD has implemented an AN ACC service since 1 July 2024. The unit price funded for the AN ACC service is expected to provide an additional revenue stream above the costs of service provision of AN ACC.

ACAT staff have been trained to form the new AN-ACC team and as such, their positions will require backfill. AN- ACC will require recruitment of some scheduler hours.

The additional revenue from AN-ACC (\$205,051) can be utilised to recruit additional Single Assessment Service staff to support the “streamlined” Single Assessment Service.

#### **1.2.4 Impact on services and functions**

The impact of the proposed restructure will be to:

- a) Reduce inefficiency by facilitating appropriate transfer of clients to either ACAT or RAS (clinical or non-clinical assessment) based upon the referral and information available to the team as the process progresses. This will facilitate efficiency in the intake and scheduling of assessments that will ensure referrals are allocated to the most appropriate and timely referral pathway.
- b) Ensure staff are appropriately skilled and supervised to provide consistent assessment to all those needing entry to the aged care system.
- c) Improve outcomes for clients that can be measured and reviewed via the ACAT-RAS KPI data in Qlikview and consumer and stakeholder feedback.

- d) Save travel time by having RAS staff geographically located closer to areas of demand specifically Hornsby and Mona Vale.
- e) Offer opportunities for shared training to all staff.
- f) Provide appropriate corporate and clinical governance, particularly for RAS.
- g) Provide increased opportunity for training, supervision and support, particularly for RAS.
- h) Provide a structure which can accommodate the emerging and increasing client requests for Home Care Packages due to the changes in providers and support services; and increasing complexity of client's needs and clinical presentations.

The challenges of the proposed restructure will be:

- a) To establish a transition period to ensure changes in roles and processes are clearly defined and adhered to while maintaining a fully operational service.
- b) Co-locating RAS and ACAT staff at Hornsby and Mona Vale due to lack of space and access to fleet vehicles at the sites, which are being rectified by negotiating for additional space at both sites.
- c) Ensuring intake staff can access ACAT and RAS portals via MAC.
- d) Establishing a shared drive for ACAT and RAS.
- e) Staff adjustment to new team dynamics.

### 1.2.5 Key Position Changes

#### a) Intake and Scheduling Clinical Senior/ Team Leader

A current senior clinician (Allied Health Professional Level 3 or Nurse equivalent) full-time position will have a revised position description to establish a Clinical Senior/Team Leader responsible for the management of the Macquarie based Intake and Scheduling Team (consisting of Administrative Officers, ACAT assessors, RAS schedulers). This Senior Clinician role will report to the Manager Aged Care Assessment Services. This role currently exists but will have increased focus on Team Leader tasks.

#### b) Senior Clinician – with a focus on education

This position is a new role. This Senior Clinician (Allied Health Professional Level 4 or Nurse equivalent) will have clinical, management and education tasks, with a focus on education. In particular this will involve providing clinical supervision and support to Level 1 and 2 Health Professionals, technical and support staff. The role will provide clinical in-service education programs to staff and students. This role will support both the Commonwealth training requirements as well as the ongoing

development of competencies in both the ACAT and RAS staff. The role will also assist with orientation of new staff, and supervision of staff on a one-to-one basis, particularly for staff who are under performing or require development of skills. The role will also lead complex case reviews.

Additionally, the role will be involved in planning, implementing, evaluating and reporting on services. It will identify opportunities for improvement in clinical practice, develop and lead ongoing quality improvement activities with other staff. It will have the responsibility of a consultative role within their area(s) of expertise. And may conduct or participate in clinical research.

The role will report to the Manager Aged Care Assessment Services.

One currently long term vacant FTE Assessor role will be converted to establish the Senior Clinician education role.

c) Administrative Officers

ACAT

The Administrative Officer Position is a new role intended to assist the Manager Assessment Services and will be graded as an Administration Officer Level 4 (AO4) as 1 FTE. It will report to the Manager Aged Care Assessment Services

## 1.2.6 Likely impact on employees

### 1.2.6.1 Key Impacted Positions

a) RAS Manager

This full-time position, graded as Health Manager Level 2, was responsible for 9.46 FTE RAS Assessors and 2.1 FTE RAS Schedulers. Under the proposed integrated team arrangement, the RAS staff will report to the ACAT Team Leaders at the site which they are allocated to. This will decrease efficiency risks through more direct oversight and greater potential to avoid staffing issues. This position is currently vacant.

b) RAS Assessors

There are currently 9.46 FTE RAS Assessors on the profile, with 1 FTE long term vacancy. Therefore, there are only 8.46 assessors based at the Macquarie site. Presently assessments in the Ryde and Lower North Shore area are accessible however, there is notable travel time required to attend assessments in the Northern Beaches and Upper North Shore areas. The proposed co-location of 3.7 FTE to be based at the Hornsby-Ku-ring-gai site and 1.33 FTE to be based at the

Mona Vale site will provide more equitable distribution of RAS Assessors across the district in line with demand. This will require a change in location for some RAS assessors. Refer the proposed organisational chart (TAB D).

A position which has been vacant will be eliminated. The increased efficiencies gained by co-location, improved supervision and education and overall management of the referral intake will replace the need for this 1 FTE role.

c) RAS Schedulers

There has been a long-term vacancy of 0.63 FTE RAS scheduler. This 0.63 FTE will be eliminated.

d) ACAT Team Leaders Ryde, Mona Vale and Hornsby

As above, RAS staff will be equitably distributed across the Ryde, Mona Vale and Hornsby teams based upon client demand. The Macquarie based (Ryde service) RAS assessors will also cover the demand serviced by the Royal North Shore Team's geographic responsibility. This is due to the availability of office space and parking at Macquarie, where it is not available at Royal North Shore. The Ryde service located at Macquarie Hospital is geographically accessible to the caseload of Royal North Shore ACAT Team. Refer the proposed organisational chart (TAB D).

The grades of the ACAT Team Leaders will not be affected by the addition of administrative officers in the teams.

e) ACAT Assessors

One currently long term vacant Assessor role (1 FTE) will be converted to establish the Senior Clinician role with a particular focus on education.

f) Manager Aged Care Assessment Services

The Manager of ACAT will be retitled to the Manager Aged Care Assessment Services and will continue to be responsible for the Team Leaders. This role is graded as a Health Manager Level 3 (HM3). Rather than the entire team of intake staff reporting to the Manager Aged Care Assessment Services, a current Senior Clinician will have a revised position description which will include an increased focus on Intake Team Leader responsibilities. An Administrative Officer will be established to support the Assessment Services and the Assessment Services Manager. A Health Professional Educator, which was previously in the structure,

will be activated and implemented, reporting to the Manager Aged Care Assessment Services.

The position description will be amended to reflect these duties. Direct oversight of assessment teams will allow for more appropriate clinical and operational governance and provide the overarching supervision to ensure consistency, timeliness and responsiveness across the district.

### 1.2.7 Employees Not Impacted

The following positions have no changes in the proposed restructure:

Position	FTE
ACAT Assessor	32.29
ACAT Administrative Officers	5.0
RAS Assessors	8.46
RAS Intake Administrative Officers	1.47

### 1.2.8 New Position Descriptions

Position descriptions will be updated or created for those positions which are new or have proposed changes. Amended Position Descriptions will be shared with impacted staff throughout the consultation and implementation of the restructure.

#### The Proposed Position Changes are:

There is an overall decrease of 2.26 FTE positions. This includes the currently vacant Manager of RAS position, and currently long term vacant ACAT Assessor position.

No staff will be made redundant.

Current Positions	Numbers	New Position Numbers	Change
ACAT Manager HM3	1	1	No change
Team Leaders	4	5	Increased by 1
ACAT Assessors including Vacant Assessors	34.29 Including long term vacancy at HKH	32.29	Decreased by 2
ACAT Administrative Officers/ Schedulers	5	5	No Change

RAS Manager HM2	1	0	Decreased by 1
RAS Assessors including Vacant Assessors	9.46	8.46	Decreased by 1
RAS Schedulers	2.1	1.47	Decreased by 0.63
RAS Trainer	0.63 FTE long term vacancy	0	Decreased by 0.63
<b>TOTALS</b>	<b>57.48</b>	<b>53.22</b>	
Administrative Assistant	0	1	Increased by 1
Senior Clinician	0	1	Increased by 1
<b>TOTALS</b>	<b>0</b>	<b>2</b>	
<b>Overall TOTAL</b>	<b>57.48</b>	<b>55.22</b>	<b>Decreased 2.26</b>

### Location Changes

RAS Staff to be relocated across 3 sites at Mona Vale, Macquarie and Hornsby. A discussion will occur with each of these staff regarding their location preferences. If further decision making is required regarding site relocation, the following criteria will be applied:

- Move staff to be closest to home.
- Preference to staff who have been employed the longest.

## Stage 2 – Consultation

### 2.1 Notification to employees

Staff consultation will occur in accordance with the *Restructuring in Northern Sydney Local Health District* Policy Directive (PR2014\_016).

A staff consultation meeting will be held to advise all affected staff of the proposal. In this meeting, staff will also be delivered a letter regarding the proposal outlined above.

Affected employees will be informed in writing.

The Manager Aged and Chronic Care and Allied Health will meet with individual employees affected by the restructure and will be available to have further meetings with individual employees as required.

It is proposed that the consultation period will be 2 weeks.

## 2.2 Notification to Union/Industrial Bodies and other relevant parties

The Health Services Union and New South Wales Nurses and Midwives Association will be provided with a copy of the consultation paper, including the current and proposed new structure and copies of new proposed position descriptions. Feedback will be requested within two weeks of issuing the consultation paper.

### Stage 3 – Implementation

NSLHD ACCAH will seek the assistance of the People and Culture Department (HR) to implement this proposed structure and ensure that all necessary communication and negotiation aspects are appropriate.

In consultation with People and Culture and Ministry of Health guidelines for restructures, positions may be advertised internally in the first instance. If a suitable candidate cannot be appointed, then the advertising will commence externally.

### Stage 4 – Communication Strategy

In consultation with People and Culture:

- Consultation and communication with relevant Unions will occur.
- Meetings to consult and inform staff will be arranged. In addition, regular email updates will be sent and hardcopy versions circulated.
- Staff members will be offered EAP Services.
- The Manager Aged and Chronic Care and Allied Health will be available to meet with individual staff as required.

### Next Steps

The following steps are out of scope of the initial streamlining, but will be implemented as opportunity arises:

The RAS Assessor and Scheduler positions will be opened up for applicants with Aged Care Certificates, Assistants in Nursing or Allied Health Assistants to apply. The roles will be paid as



Administration Officer Level 3 (AO3) or Administration Officer Level 4 (AO4) depending upon the position.

## Attachments

TAB A – Commonwealth Response to Royal Commission May 2021

TAB B – Current RAS Organisation Chart

TAB C – Current ACAT Organisation Chart

TAB D – Proposed Organisation Chart