

# Final Restructure Plan

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## Integrated Community Services & Mental Health

### Out of Hospital Care

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## 1. Overview of Integrated Community Services & Mental Health (ICSMH) Directorate

It has been eight years since the last formal restructure of the Illawarra Shoalhaven Local Health District (ISLHD). As part of the restructure in 2015, the Chief Executive introduced the role of the Executive Director Integrated Care, Planning and Performance. The key focus of the Directorate was to integrate systems within and across all levels of care to improve coordination and continuity of care, and support the acute sector manage demand for hospital services. To achieve this, the following functions underwent significant realignment:

- Ambulatory and Primary Health Care
- Drug and Alcohol Service
- Oral Health Service
- Public Health

The Directorate has continued to evolve since 2015, taking on the leadership and direction of Mental Health, and re-badging itself as *Integrated Care, Mental Health, Planning, Information and Performance*.

Recognising the need to review and reset the current ISLHD structure to ensure it is fit for purpose, the Chief Executive engaged Ernst and Young (EY) to conduct a SWOT of the current state and provide recommendations for a future state design. A final report was delivered in December 2022, which assisted the Core Executive Team with the design of the Tier 2 structure. A decision was made by the Chief Executive and Core Executive to take forward the organisational changes within a Project Framework. Phase 1 of the Organisational Design Project resulted in the Kids and Families Division and Community Aged Care function moving into the Directorate, and the subsequent renaming to *Integrated Community Services & Mental Health (ICSMH)*.

Phase 2 of the Project involves Directorate level restructures, including ICSMH, to ensure structures are configured in a way that reflect synergies with clinical services, professional groups and the ISLHD strategy. Initial focus for ICSMH will be the redesign of Ambulatory and Primary Health Care, and Public Health. The scope of this restructure plan covers Ambulatory and Primary Health Care.

## 2. Ambulatory and Primary Health Care

### 2.1 Current State – Service Profile

Ambulatory and Primary Health Care (APHC) is currently organised into two streams:

<b>Stream:</b>	<b>Ambulatory Care</b>	<b>Stream:</b>	<b>Integrated Care and Priority Populations</b>
<b>Key Focus:</b>	supporting the patient journey through the continuum of care and being expert support in the primary care sector.	<b>Key focus:</b>	Preventative health care to vulnerable populations, as well as mechanisms to ensure patients with chronic disease are identified early and access the most appropriate care.
<b>Services:</b>	<ul style="list-style-type: none"> <li>• Access and Referral Centre – enabling access to community health services.</li> <li>• Virtual enhanced Community Care (VeCC) – enabling virtual community health services to those with chronic health conditions.</li> <li>• Community Palliative Care.</li> <li>• Targeted Clinical Services – Sexual health, Youth health, Women’s health.</li> <li>• Community Nursing – Asthma, Continence, Stoma, Wound Care and Palliative Care Triage.</li> <li>• Community Aged Care.</li> <li>• Transport for Health – providing transport to important medical appointments for people who have no other means of getting there.</li> <li>• Diabetes Service.</li> </ul>	<b>Services:</b>	<ul style="list-style-type: none"> <li>• Youth Health and Homelessness Projects.</li> <li>• Carers Program.</li> <li>• Health Promotion Service.</li> <li>• Multicultural and Refugee Health.</li> <li>• Health Care Interpreter Service.</li> <li>• Health Pathways.</li> <li>• Integrated Care Initiatives.</li> </ul>

## 2.2 Reason for the Restructure

The 10-year vision for ISLHD includes an integrated healthcare system that supports people to stay healthy at home and in their community – community health is a key lever to deliver this. There is an increasing focus on strengthening community services to help address demand for acute hospital services through reducing hospital admissions, readmissions, and length of stay. Specialist community services also play a significant role in promoting better health, supporting early intervention for vulnerable populations, and preventing and managing chronic disease. To manage this, the range of community services provided will need to increase. ISLHD must capitalise on opportunities to expand the range of community services provided within considerable financial constraints and without re-allocation of funds from hospital services.

Opportunities exist to deliver more effective, efficient, and aligned community health services by optimising service delivery; expanding services that are eligible for ABF; and expanding roles and accountabilities to create economies of scale. This can be achieved through:

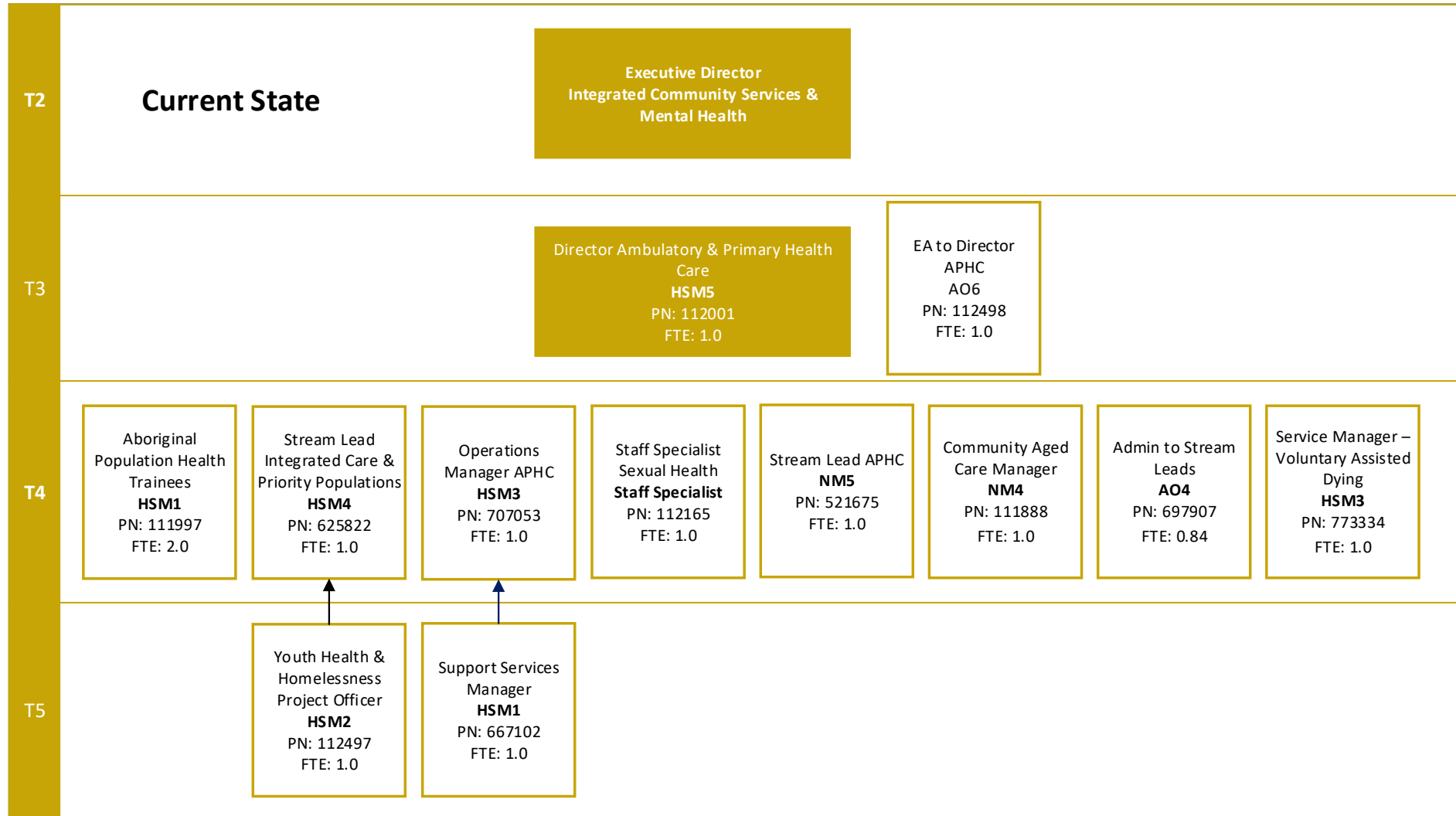
- Changes to the organisational structure of APHC.
- Strengthening the governance and relationships, both within community health, as well as between, community health and the hospital hubs.
- Realigning and streamlining services to increase efficiency.
- Decommissioning the HSM1 Support Services Manager role and reallocating the role responsibilities within existing resources.

The table below outlines the changes to the Out of Hospital Care structure (formerly APHC), the rationale for the changes, and benefits/impacts on services.

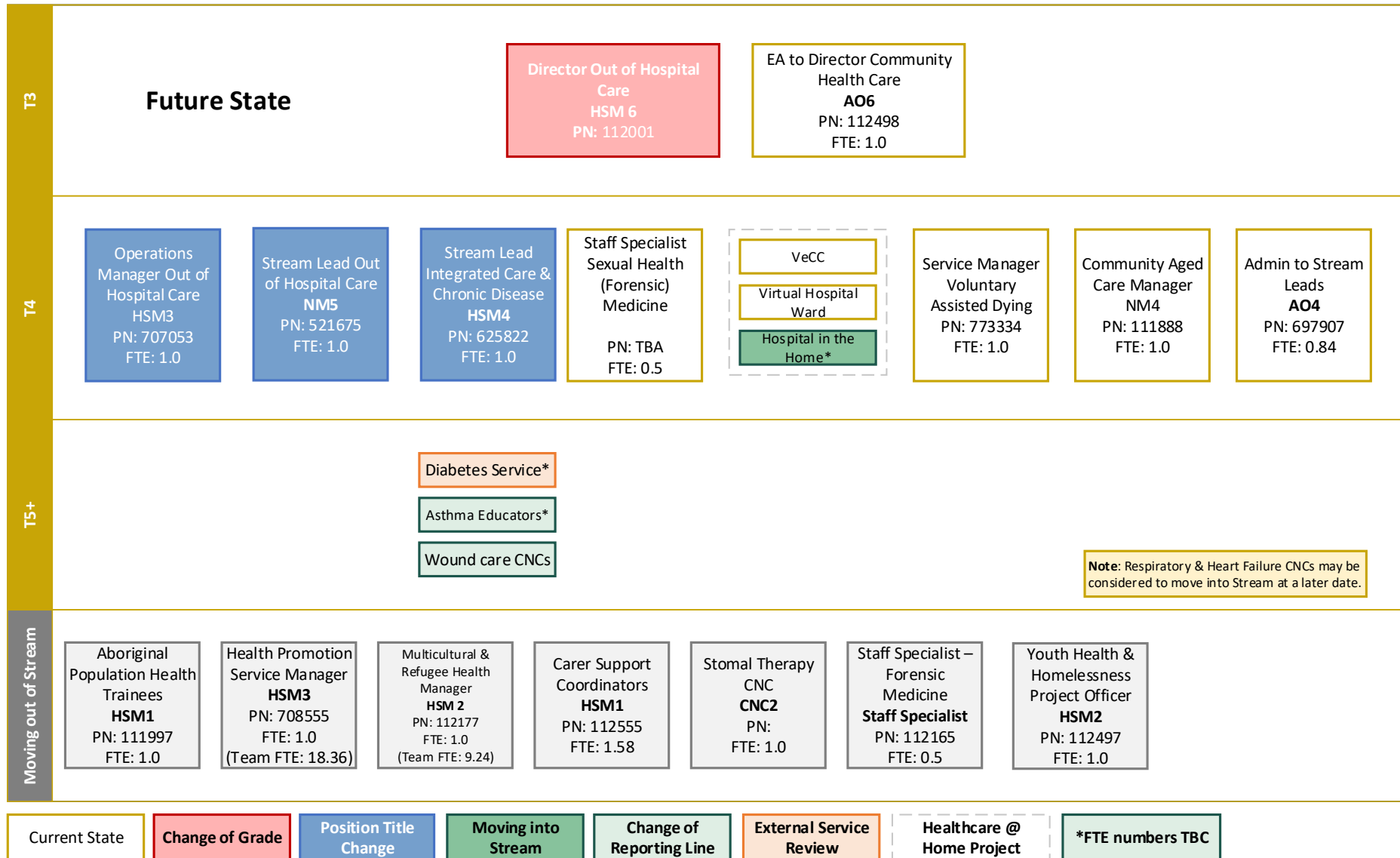
Function/Stream	Changes	Rationale for Changes & Benefits/Impacts on Services
Director Ambulatory and Primary Health Care	<ol style="list-style-type: none"> <li>1. Position title change to ‘Director Out of Hospital Care’.</li> <li>2. Position grade change to Health Manager 6 (using re-directed funds)</li> <li>3. Moving <u>into</u> Director Out of Hospital Care direct reports:                             <ol style="list-style-type: none"> <li>a. Hospital in the Home (HiH) service</li> </ol> </li> <li>4. Moving <u>out</u> of Director Out of Hospital Care direct reports:                             <ol style="list-style-type: none"> <li>a. Aboriginal Population Health Trainee</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Title change more accurately reflect the work of the function; future-proofed for further expansion/realignment of services.</li> <li>2. Expanded scope of the role to include expansion of HiTH/VeCC/VHW services.</li> <li>3. Logical alignment of services, managed through the Healthcare@Home Project.</li> <li>4. Aligning roles to Public &amp; Population Health portfolio.</li> </ol>
Stream Lead Ambulatory and Primary Health Care (NM5)	<ol style="list-style-type: none"> <li>1. Position title change to ‘Stream Lead Out of Hospital Care’.</li> <li>2. Moving <u>out</u> of Stream Lead direct reports:                             <ol style="list-style-type: none"> <li>a. Stomal Therapy CNC</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Title change to reflect the work of the function more accurately.</li> </ol>

Function/Stream	Changes	Rationale for Changes & Benefits/Impacts on Services
	b. Diabetes Service (moving to Integrated Chronic Disease Note: this is dependent on an external review of the service.	2. Aligning service to a logical portfolio and ensuring operational and clinical efficiencies for the out of hospital services provided.
Operations Manager Ambulatory and Primary Health Care	1. Change of role title to ‘Operations Manager Out of Hospital Care’. 2. Increased scope of role to encompass ICSMH Directorate, within HSM 3 classification. 3. Decommissioning HSM 1 Support Services Manager role	1. Increased scope of role to cover broader ICSMH Directorate. Specifically, facilities and fleet management and administration support. 2. Consistent approach to operational management. 3. Position was responsible for functions that Engineering & Asset Management (EAM) now undertakes i.e., security/maintenance/cleaning contracts. Remaining role is managing administration.
Stream Lead Integrated Care and Priority Populations	1. Position title change to ‘Stream Lead Integrated Care and Chronic Disease’. 2. Moving <u>into</u> Stream Lead direct reports: a. Diabetes Service (14.51FTE) Note: this is dependent on an external review of the service. b. Asthma Educators c. Wound Care CNCs/CNS 2  <b>NB</b> Respiratory CNCs and Heart Failure CNCs maybe considered at a future date to move into stream.  3. Moving <u>out</u> of Stream Lead direct reports: a. Health and Youth Homelessness b. Multicultural Health / Refugee Health Service c. Health Promotion Service d. Carer Coordinators	1. Title change to reflect the work of the function more accurately. 2. Aligning services and positions to logical portfolios – chronic diseases; providing consistency of services. 3. Aligning services to logical portfolios.
Staff Specialist – Sexual Health (Forensic) Medicine	1. 0.5FTE of Staff Specialist Sexual Health (Forensic Medicine) role moving <u>into</u> Kids & Families Division (and 1 FTE CNC2 direct report)	1. Aligning service to logical portfolio
Aboriginal Population Health Trainee	1. Moving into Public and Population Health	1. Aligning roles to logical portfolio

### 2.3 APHC Organisational Structure – Current state



## 2.4 APHC Organisational Structure – Future State





## 2.5 Number of impacted Staff

It is recommended that the following position will be **re-graded and re-titled** as part of the restructure:

	Position Title	Current Classification	Proposed Classification	New Position Title	FTE
1.	Director Ambulatory & Primary Health Care	HSM 5	HSM 6	Director Out of Hospital Care	1.0

The following position will be **removed** from the structure:

	Position Title	Classification	Location	FTE
1.	Support Services Manager	Health Manager 1	Warrawong	1.0

The following position/s will **change reporting lines** as part of the restructure:

	Position Title	Classification	Currently reporting to	New reporting line	FTE
1.	Staff Specialist – Sexual Health (Forensic) Medicine	Staff Specialist	Director Ambulatory & Primary Health Care	Co-Director Kids & Families	0.5
2.	Health Promotion Service Manager	HSM3	Stream Lead Integrated Care and Priority Populations	Director Public and Population Health	1.0
3.	Multicultural & Refugee Health Manager	HSM2	Stream Lead Integrated Care and Priority Populations	Director Public and Population Health	1.0
4.	Youth Health & Homelessness Project Manager	HSM2	Stream Lead Integrated Care and Priority Populations	Change of reporting line under Kids & Family - reporting line to be determined	1.0
5.	Carer Coordinators	HSM1	Stream Lead Integrated Care and Priority Populations	Director Clinical Governance	1.6
6.	Aboriginal Population Health Trainee	HSM1	Director Ambulatory & Primary Health Care	Director Public and Population Health	1.0

7.	Nurse Manager Diabetes Service	NM3	Stream Lead Ambulatory & Primary Health Care	TBC – following an external review	1.0
8.	Asthma Educators	CNS2	Stream Lead Ambulatory and Primary Health Care	Stream Lead Integrated Care and Chronic Disease (formerly Stream Lead Integrated Care and Priority Populations)	1.8
9.	Wound Care Team	CNS2 & CNC2	Stream Lead Ambulatory and Primary Health Care	Stream Lead Integrated Care and Chronic Disease (formerly Stream Lead Integrated Care and Priority Populations)	TBC
10.	Stomal Therapy CNC	CNC2	Stream Lead Ambulatory and Primary Health Care	Co-Director Division of Surgery	TBC
11.	HiTH Service	Managed via Healthcare@Home Project	Various	Director Out of Hospital Care (formerly Director Ambulatory & Primary Health Care)	Managed via Healthcare@Home

### 2.6 Revised Role Title and Position Descriptions (PD)

Current Role Title and Current PD	Revised Role Title and PD
Director Ambulatory and Primary Health Care	<b>Director Out of Hospital Care</b>
Stream Lead – Ambulatory and Primary Health Care	<b>Stream Lead – Out of Hospital Care</b>
Operations Manager – Ambulatory and Primary Health Care	<b>Operations Manager – Integrated Community Services and Mental Health</b>
Stream Lead – Integrated Care and Priority Populations	<b>Stream Lead – Integrated Care and Chronic Diseases</b>

## 2.7 Timetable for Implementation

Action	Date
Affected staff advised	12 February
All communication email issued; will include a copy of the Restructure Plan and new Position Descriptions	12 February
HSU/NSWNMA/ASMOF advised of restructuring proposal for consultation with members	12 February
Meeting with Union and staff (if required)	Between 12 Feb and 23 Feb
Consultation period closes – 2 weeks – NB extension requested and granted	3 March 2024
New structure finalised taking account of feedback – approved by CE	11 March 2024
<ul style="list-style-type: none"> <li>• Team meetings held to advise/inform:</li> <li>• Overview of feedback received and reviewed during consultation period</li> <li>• Next steps</li> </ul>	From 14 March
Individual 1:1s held with affected temporary staff – letter provided, and options discussed	From 14 March
Issue details to team for candidates to apply for newly created positions via standard recruitment processes	Week commencing 18 March
Application closed	2 weeks after advertising
Shortlisting completed	Week commencing 1 April
Interviews completed	Week commencing 1 April
Confirm successful candidates	Week commencing 1 April
Excess staff managed in accordance with the <i>Managing Excess Staff of the NSW Health Service</i> and in accordance with the NSW Government Workforce Mobility Placement Policy	Week commencing 8 April
Advertise any residual vacant roles	Week commencing 8 April
Final organisational charts operational	To be confirmed

## 2.8 Consultation with Industrial Organisations

The Health Services Union (HSU), the New South Wales Nurses’ and Midwives’ Association (NSWNMA) and the Australian Salaried Medical Officers Federation (ASMOF) were notified of the proposal and provided with the Restructure Consultation Paper, as well as an opportunity to comment on the proposal. No responses were received. The final structure will be provided to them once approved by ISLHD Chief Executive.

## 2.9 Information Sessions for Staff

This Restructure Consultation paper and the draft position descriptions were released for consultation on 20 February 2024. Several individual meetings and all staff meetings have been held during this consultation which ended on 3 March 2024. The Executive Director Integrated Community Services and Mental Health has considered feedback received from staff in finalising both restructures.

## 2.10 Possible Effects on EEO Groups

Nil

## 2.11 Counselling and Vocational Assessment Services for Staff

The impacted employees were offered support from Workforce, Senior Management and reminded of the availability of the [Employee Assistance Program](#) during the restructure process.

## 2.12 Estimated Staff Redeployment

Nil