

Final Restructure Plan

Integrated Community Services & Mental Health

Public and Population Health

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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 and 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 Public Health.

2. Public Health

2.1 Current State – Service Profile

Public Health provides health protection services to the ISLHD population, including notifiable disease surveillance, infectious disease outbreak investigation and control, immunisation activities (including the delivery of the adolescent school-based vaccination program), environmental health risk investigation and management and public health disaster preparedness and management. These activities are underpinned by statutory obligations in relation to the *Public Health Act 2010*, the *Public Health (Tobacco) Act 2008*, and the *Smokefree Environment Act 2000*.

Public health staff work closely with general practitioners, community nurses and hospital-based clinicians, pathology laboratories, schools and childcare centres, local councils, and other government agencies to protect the public.

2.2 Reason for the Restructure

The 10-year vision for ISLHD includes an integrated healthcare system that supports people to stay healthy at their home and in their community. There is a key focus on strengthening services that support health close to people's homes, with an emphasis on prevention of illness and working with partners that contribute to community wellbeing. To manage this, ISLHD must capitalise on opportunities to re-organise and realign the preventative health programs offered by the District. This can be achieved through:

- Changes to the organisational structure of Public Health, which will be renamed Public and Population Health.
- Realigning and streamlining services and programs to increase efficiency, and accessibility for our consumers.

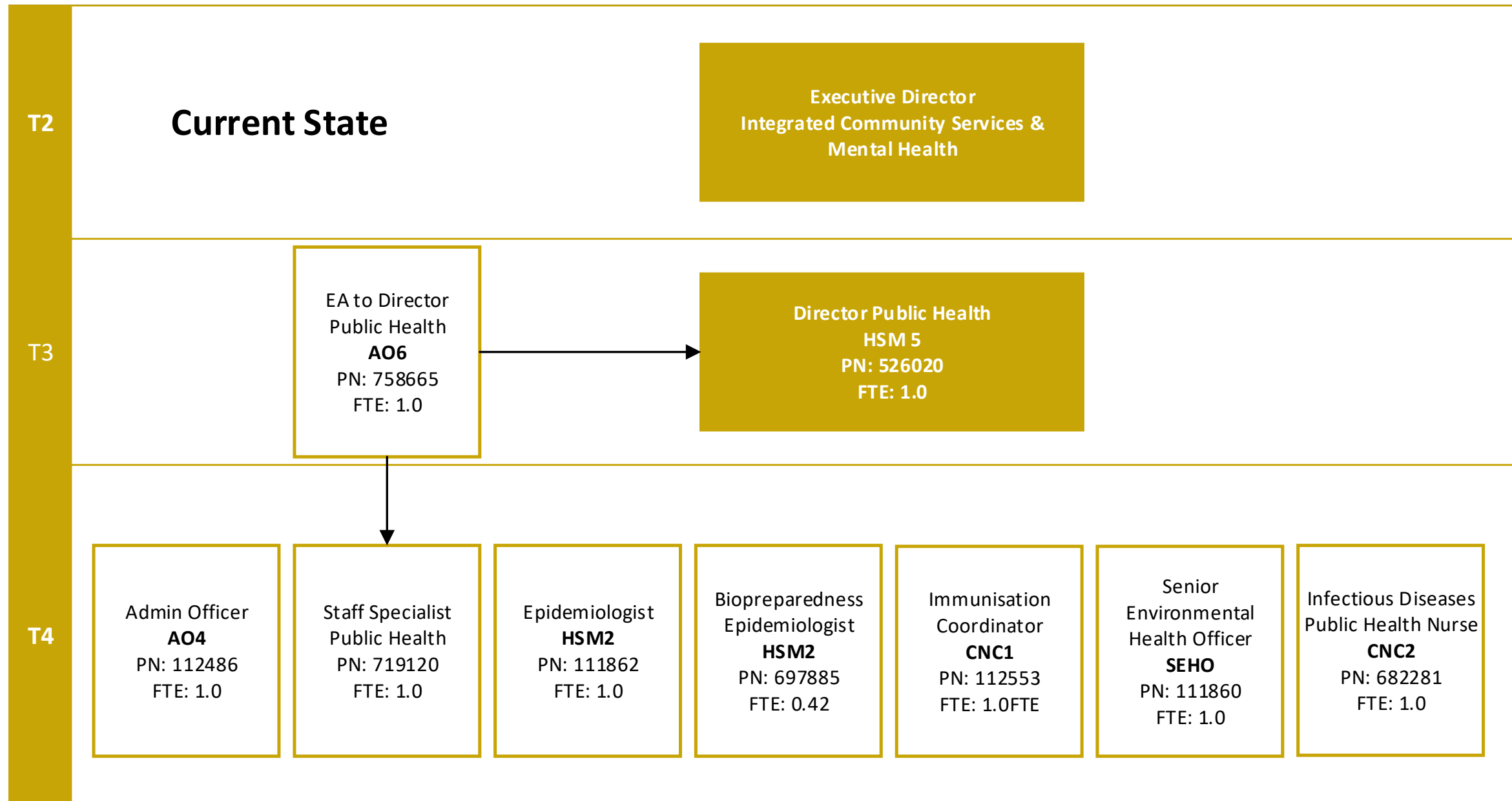
The table below outlines the changes to the Public Health structure, the rationale for the changes, and benefits/impacts on services.

Function/Stream/ Role	Changes	Rationale for Changes & Benefits/Impacts on Services
Health Promotion Service Manager	Change of reporting line to Director Public & Population Health	Change of reporting line to Director Public & Population Health aligns the work of the role holder to a more logical function.
Multicultural & Refugee Health Manager	Change of reporting line to Director Public & Population Health	Change of reporting line to Director Public & Population Health aligns the work of the role holder to a more logical function.
HIV & Related Programs (HARP) Team	Change of reporting line to Health Promotion Service Manager	Change of reporting line to Health Promotion Service Manager aligns the work of the role holders to a more logical function.
Aboriginal Population Health Trainee	Change of reporting line to Director Public & Population Health	Change of reporting to Director Public & Population Health aligns the work of the role holder to a more logical function.

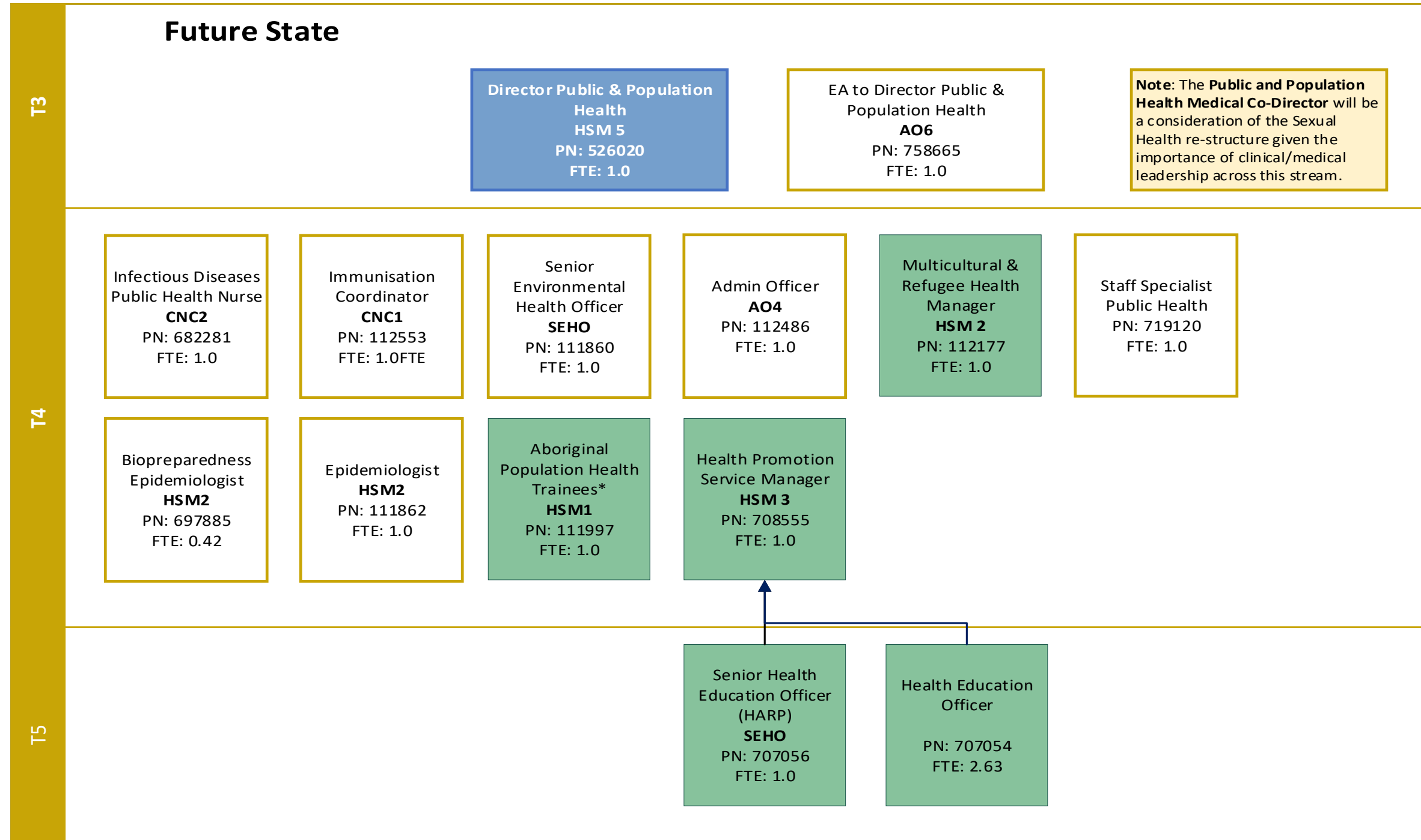
Noting the originally proposed co-director model will require further review. Feedback following the consultation period re-affirmed the concept of moving the Sexual Health Service under the PPH Unit. Given that this proposal will require its own consultation period, we will finalise the re-structures for PPH unit as planned and complete the proposed restructure for Sexual Health before the end of March 2024.

The Public and Population Health Medical Co-Director will be a consideration of the Sexual Health re-structure given the importance of clinical/medical leadership across this stream.

2.3 Public Health Organisational Structure – Current State



2.4 Public and Population Health Organisational Structure – Future State



Position Title Change
Current State No Change
Moving into Stream

2.5 Impacted Staff

The following position will be re-titled and Position Description updated as part of the restructure:

	Current Position Title	Current Classification	Proposed Classification	New Position Title and PD	FTE
1.	Director Public Health	HSM 5	HSM 5	Director Public & Population Health	1.0

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

	Current Position Title	Currently reporting to	Reporting to	Classification	FTE
1.	Health Promotion Service Manager*	Stream Lead – Integrated Care and Priority Populations	Director Public and Population Health	HSM 3	1.0
2.	Multicultural & Refugee Health Manager*	Stream Lead – Integrated Care and Priority Populations	Director Public and Population Health	HSM 2	1.0
3.	Senior Health Education Officer (HARP)	Manager Allied Health – D&A	Health Promotion Service Manager	SHEO	1.0
4.	Health Education Officer (HARP)	Manager Allied Health – D&A	Health Promotion Service Manager	HEO	2.63
5.	Aboriginal Population Health Trainee	Director Ambulatory & Primary Care	Director Public and Population Health	HSM 1	1.0

Noting

*All staff who currently report through to the Health Promotion Manager will move into the Public and Population Health Unit retaining the same reporting line.

*All staff who currently report through to the Multicultural & Refugee Health Manager will move into the Public and Population Health Unit retaining the same reporting line.

2.6 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	25 February 3 March 2024
New structure finalised taking account of feedback – approved by CE	27 February 11 March 2024
Team meetings held to advise/inform: <ul style="list-style-type: none"> • Overview of feedback received and reviewed during consultation period • Outcome • Next steps 	From 14 March
Individual 1:1s held with impacted staff – letter provided, and options discussed	From 14 March
Individual 1:1s held with affected temporary staff – letter provided, and options discussed	n/a
Issue details to team for candidates to apply for newly created positions via standard recruitment processes	n/a
Application closed	n/a
Shortlisting completed	n/a
Interviews completed	n/a
Confirm successful candidates	n/a
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	n/a
Advertise any residual vacant roles	n/a
Final organisational charts operational	To be confirmed

2.7 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.

2.8 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 this restructure.

2.9 Possible Effects on EEO Groups

Nil

2.10 Counselling and Vocational Assessment Services for Staff

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

2.11 Estimated Staff Redeployment

Nil