

## **Community Services Reform:**

### ***Integrated Care, Allied Health and Community Services Directorate***

Context for Changes

Case for Change

Stakeholder Feedback from Initial Consultations

Current Organisational Structures

April 2023

## 1. Context for Changes

Integrated Care, Allied Health and Community Services (ICAHCS) as a Directorate has grown significantly. This growth has been driven by an increase in the local population, the changing needs of the local community and Ministry of Health reform to priority areas in the ICAHCS Directorate (e.g. Palliative Care, Aged Care, Child and Family Health Services, Violence Abuse and Neglect Services).

- N.B. Though not part of the original context for this body of work, the impacts of COVID-19 have also added to the complexity of this area.

In 2020, MNCLHD commenced an initial review of Community Health, Integrated Care, and Allied Health services.

The review was aimed at addressing current and future opportunities and challenges within the Directorate to ensure MNCLHD is best placed to provide high-quality care to the community.

The review was initiated by the Governing Board and Chief Executive based on:

- The Premier's Priority (2019): Improving outpatient and community care by reducing preventable hospital visits by 5 per cent and caring for people in the community.
- Garling Review: Final Report of the Special Commission of Inquiry (2008): Findings 1.59, 1.85, 1.86, 1.163-1.165 and Recommendations 77, 104, 105, 106.
- MNCLHD People Matters Employee Culture and Wellbeing Forum (Commenced 2018): This forum had 50 staff representatives from across the District (from all levels of the organisation) who met monthly with the CE and Senior Executive Team to discuss challenges and opportunities in the workplace.

During the review process, staff feedback was gained through:

- *MNCLHD Future Health Forum (2020)*
- Results from the *MNCLHD 2019 People Matters Employee Survey* released in 2020.
- Interviews with a snapshot of Community and Allied Health Clinicians, and managers across the MNCLHD (2020)
- *Strategic Directions* Feedback sessions (2020)

The themes from staff feedback highlighted:

- a lack of consistency across the LHD for management structures in Community and Allied Health Services.
- a lack of standardisation across the LHD for service profiles and models of care in Community and Allied Health Services.
- challenges in meeting demands between hospital-based services and community-based services.
- *a lack of consistency in resourcing across the LHD in Community and Allied Health*

In addition, the as part of the review, analysis was completed of:

- Workforce Data
- Incident Data
- Grievance Data
- Activity Data
- Organisational Structures
- Governance

The key recommendations from the initial review span over 5 themes:

**I. Data and Accountability**

- Recommendation 1: Collection of Accessible and Transparent Data
- Recommendation 2: Development of Accountability Framework, Activity targets and KPIs

**II. Organisational Structure**

- Recommendation 3: Review of the Integrated Care, Allied Health and Community Health Services Portfolio and structure.
- Recommendation 4: Consideration of a Matrix Model of Integrated Care Streams

**III. Role, Definition and Framework**

- Recommendation 5: Develop a Framework and scope of Community Health Services
- Recommendation 6: Re-define and re-align Community Health Services

**IV. Sustainability and futureproofing**

- Recommendation 7: Focus on cementing interagency partnerships and collaboration
- Recommendation 8: Focus on co-commissioning Opportunities

**V. Service Methodology and Delivery**

- Recommendation 9: Develop a framework for District wide evidence based best practice
- Recommendation 10: Maximising workforce resources
- Recommendation 11: Commitment to utilisation of digital technology
- Recommendation 12: Consideration of a centralised intake

Considering these recommendations, the **Community Services Reform** initiative was established to work towards achieving recommendations 1-6 and 9-12 by focusing on:

- Consistency in access to, and delivery of, evidence-based care across the District that delivers on the quadruple aim of value-based healthcare.
- Consistency and collaboration between services and fostering a One District approach to care provision.
- Bringing together strategic and operational elements of the Directorate to drive innovation and change.
- Emphasising hospital presentation prevention as a core strategy across all services.
- Embracing the opportunities offered through virtual care modalities.
- Supporting a skilled and sustainable health workforce who are agile and lead the changes required for contemporary service models and value-based care.
- A more equitable distribution of the accountabilities across the ICAHCS Directorate.
- Increased organisational profile and career progression opportunities for staff.

*N.B. This work was due to commence in mid-2021, however the Disaster Response to COVID-19 in the MNCLHD, and the deployment of key staff tasked with Community Services Reform, pushed the commencement of this work back to late 2022.*

Community Services Reform was launched via Town Hall on 26<sup>th</sup> September 2022.

In October 2022, two key positions (the Community and Allied Health Network Managers) adjusted their reporting lines (in consultation with the 2 x staff members and Industrial Partners) to the *Integrated Care Allied Health and Community Services Directorate* in readiness for the reform.

By this point, additional strategic direction, policy and Ministry of Health reform had commenced, and the goals of the Community Services reform were well aligned with these including:

- The Henry Review
- The Parliamentary Inquiry into Rural Health Report (2022)
- The NSW Aboriginal Health Plan (2013-2023)
- The NSW Future Health Strategy (2022-2032)
- The National Preventative Health Strategy (2021-2030)
- The MNCLHD Strategic Plan (2022- 2032) and the MNCLHD Aboriginal Health Plan (2019-2023)
- The Royal Commissions into Institutional Responses to Child Sexual Abuse (2017) and Aged Care Quality and Safety (2021).

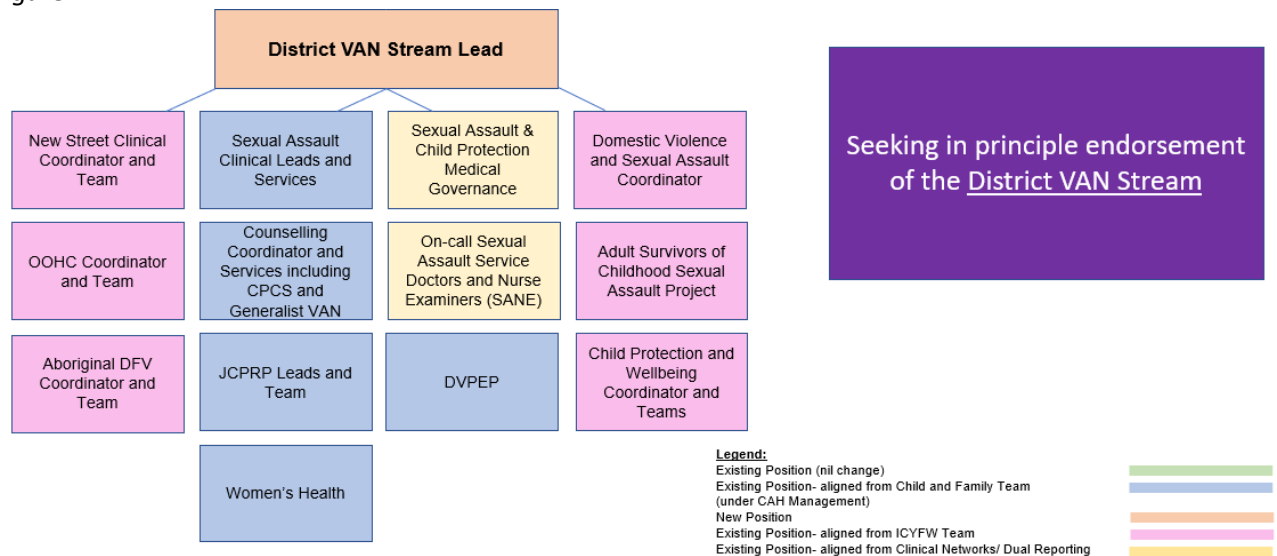


From here, the concept of creation of a single VAN Stream/ Structure was seen as the largest priority for the focus group.

The concept of a VAN Stream was taken to a VAN Steering Committee on 24<sup>th</sup> November 2022 and received 100% endorsement by the staff present (including representatives from VAN, from the Clinical Networks, from Mental Health, and Aboriginal Health).

A pictorial of a VAN stream was presented (Figure 2) – and all Steering Committee members acknowledged that this stream would need to be codesigned with VAN Staff – but endorsed the concept.

Figure 2



Following this, meetings have been held with PARVAN staff as part of the initial Community Services Reform consultations to codesign a proposed PARVAN Stream.

These meetings were held on 6.3.2023, 7.3.2023, 8.3.2023, 10.3.2023, 14.3.2023, 16.3.2023, 20.3.2023, 22.3.2023, 3.4.2023 and 6.4.2023 and are still ongoing.

All staff have also been provided a generic email for feedback, as required: [mnclhd-communityservicesreform@health.nsw.gov.au](mailto:mnclhd-communityservicesreform@health.nsw.gov.au)

To support Aboriginal staff to participate in culturally safe consultation there will also be facilitation of both individual consultation with Aboriginal staff and group consultation with Aboriginal staff. The Community Services Reform team will cofacilitate consultations with senior Aboriginal leaders in the ICAHCS Directorate. The first group consultation session for Aboriginal staff was held on 6.4.2023 and had PARVAN as its focus.

Two drop-in Q&A sessions have been held for staff working in PARVAN-related services and a follow up Town Hall was also held on 21 March 2023, providing an update to all staff that initial consultation relating to PARVAN redesign was still ongoing.

In the consultation meetings, the existing dispersed team structures for the various PARVAN services were discussed with staff (Figures 3.1-3.2) and a suggested structure based on the endorsed 'concept' from the Steering Committee above was shared with the staff in order to receive input and feedback (Figure 3.3).

Figure 3.1: Current VAN Services in Child and Family Streams (VAN Services in BLUE)

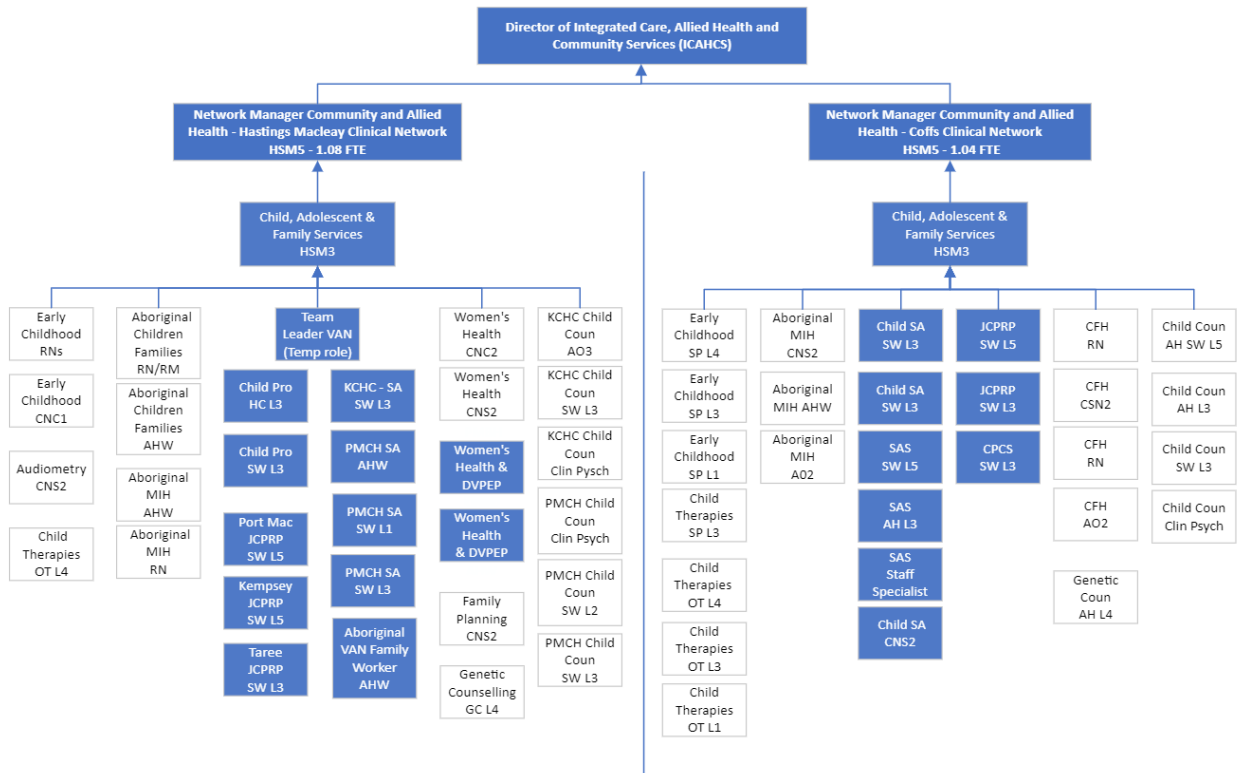


Figure 3.2: Current VAN Services in Integrated Child Youth and Family Teams (VAN Services in BLUE)

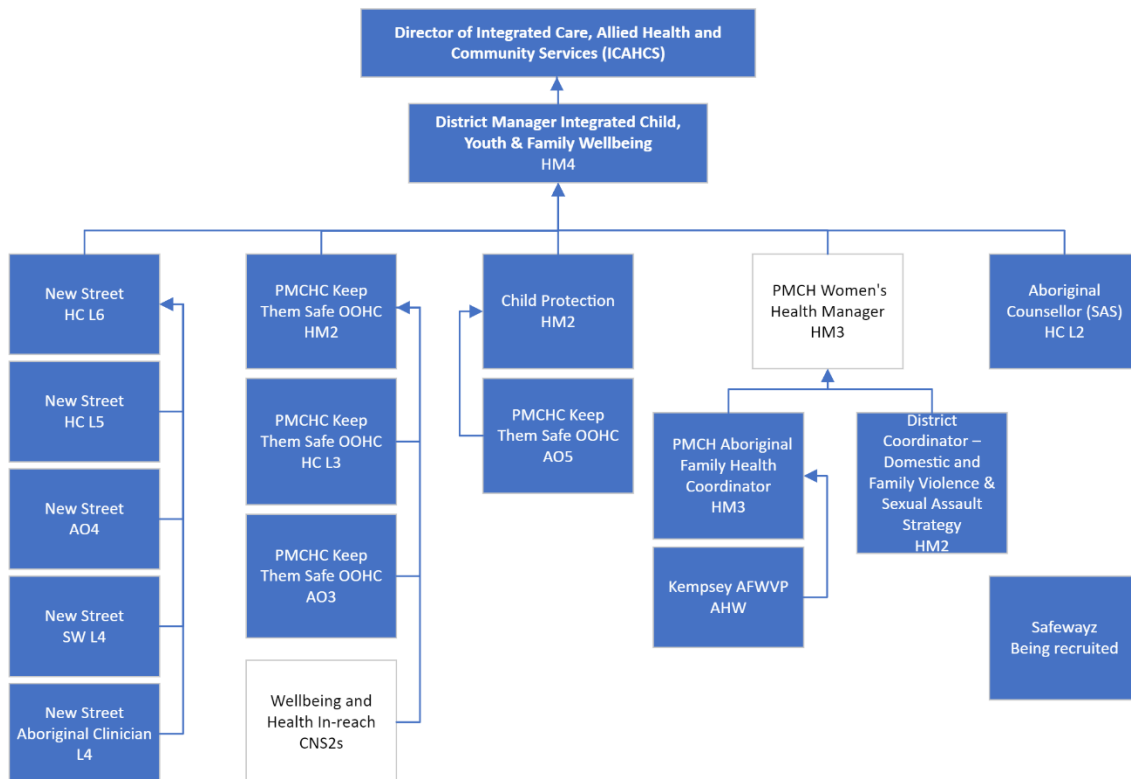
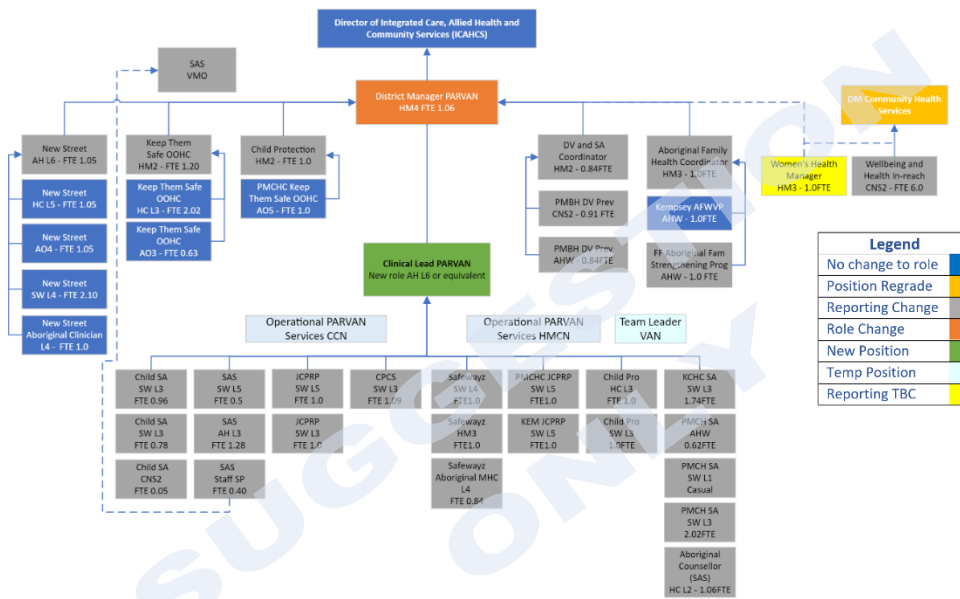


Figure 3.3: Suggested PARVAN structure based on VAN Steering Committee-endorsed concept



## 2.2: SCOPE

### PARVAN is inclusive of:

- Sexual Assault Services
- Child Protection Counselling
- Joint Child Protection Response Program (JCPRP)
- New Street
- Out of Home Care (to be confirmed through consultation)
- Aboriginal Family Wellbeing and Violence Protection
- Domestic and Family Violence
- Adult Survivors of Sexual Assault,
- and on call services including Medical Forensics.

## 2.3: TIMELINE

Timeline for PARVAN Services:

Team	Initial Consultation	Proposed Formal Feedback Period
PARVAN	Aiming for planned completion by 28/4/2023	1/05/2023-12/05/2023

## 2.4: THEMES FROM March CONSULTATION SESSIONS (Feedback from Teams):

- Structure based on endorsed 'concept' from Steering Committee not reflective of needs.
- Leadership for VAN e.g. one lead vs multiple leads across sites
- Require representation of management of daily operations e.g. On call services.
- Which teams "fit" in PARVAN, and which sit currently in PARVAN but may align better to other parts of the Directorate.



- *Suggestion of Team Leader roles for services.*
- *Want to see connection between Strategic and Operational Services.*
- *Consideration of new roles such as Domestic Violence Counsellor.*
- *Ensure clear representation of staff who identify as Aboriginal, and ensure cultural supports are in place for these staff.*
- *Discussion around gender-based roles.*
- *Need for clinical supervision in PARVAN.*
- *Need for clear governance identified.*

### 3. Case for Change: District Managers ICAHCS

In order to strengthen the collaboration and responsiveness of the Integrated Care, Allied Health and Community Services (ICAHCS) Senior Leadership Team, an evaluation of the District Manager portfolio was completed in early 2022.

Some of the issues identified in this evaluation included:

- There were 23 Direct Reports to the Director of ICAHCS
- Direct reports have a range of roles and responsibility- some holding independent strategic portfolios, and others with significant operational requirements and staff.
- Support needs for the District Managers vary greatly.
- Some teams (such as Cancer Services) have multiple senior staff reporting to the Director. This has led to a lack of consistent voice for Cancer services within the Directorate.

In June of 2022, in preparation for the Winter Surge, the LHD temporarily appointed Associate Directors for 13 weeks through an EOI process, to assist Directorates in managing a predicted clinical surge. The aim of these roles was to improve responsiveness, share responsibility across leaderships and to build capacity within the District Management portfolio.

Following the completion of these Associate Director roles, several District Managers requested to continue reporting monthly via one of the Associate Directors- indicating that the more regular support they could receive from an Associate Director was beneficial.

#### 3.1 CONSULTATION

When the Community Services Reform was officially launched in September 2022, the District Manager of Community Services Reform attended the monthly Operational Meetings to discuss the needs of the services with the District Managers. In addition, as part of 1:1 monthly reporting, the Director ICAHCS asked staff what their vision for a District Manager structure would entail.

Following this, meetings have been held with District Management staff to codesign a proposed organisational chart for District Management Services.

These meetings were held on 16.3.2023, 17.3.2023, 20.3.2023, 21.3.2023, 24.3.2023, 27.3.2023, 28.3.2023, 3.4.2023 and are still ongoing.

In addition, all staff have been provided an open-ended questionnaire/survey (which is due to close on 21.4.2023) to gather further feedback.

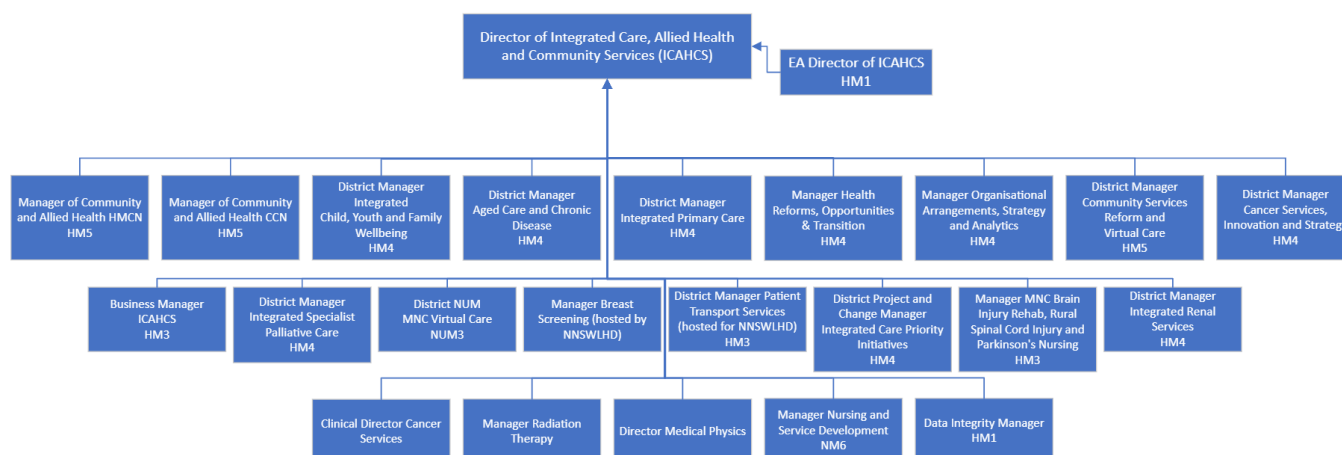
All staff have also been provided a generic email for feedback, as required: [mnclhd-communityservicesreform@health.nsw.gov.au](mailto:mnclhd-communityservicesreform@health.nsw.gov.au)

To support Aboriginal staff to participate in culturally safe consultation there will be facilitation of both individual consultation with Aboriginal staff and group consultation with Aboriginal staff. The Community Services Reform Team will cofacilitate consultations with senior Aboriginal leaders in the ICAHCS Directorate.

A follow up Town Hall was also held on 21 March 2023, providing an update to all staff that consultation was ongoing.

In the consultation meetings, the existing flat team structure for the District Manager Services were discussed with staff (Figure 4)

Figure 4: Existing ICAHCS District Manager Structure



### 3.2: SCOPE

The District Management Team is inclusive of:

- Executive Assistant to Director ICAHCS
- District Manager Community Services Reform and Virtual Care
- District Manager Integrated Child, Youth and Family Wellbeing
- District Manager Cancer Services, Innovation and Strategy (MNCCI)
- Data Integrity Manager (MNCCI)
- Manager Nursing and Service Development (MNCCI)
- Director Medical Physics (MNCCI)
- Manager Radiation Therapy (MNCCI)
- Director Cancer Services (MNCCI)
- District Manager Integrated Renal Services
- District Manager Health Reform
- District Manager Aged and Chronic Disease
- Manager MNC Brain Injury Rehabilitation Services and Parkinson's Nursing
- District Change Manager- Integrated Care Priority Initiatives
- District Manager Integrated Primary Care
- District Manager Patient Transport
- Manager Breast Screen
- District NUM MNC Virtual Care
- District Manager Integrated Specialist Palliative Care
- Business Manager ICAHCS
- Manager Organizational Arrangements, Strategy and Analytics
- Manager Community and Allied Health-Coffs Harbour
- Manager Community and Allied Health- Port Macquarie

### 3.3: TIMELINE

Team	Initial Consultation	Proposed Formal Feedback Period
District Managers	Aiming for planned completion by 5/5/2023	8/5/2023-19/5/2023

### **3.4: THEMES FROM March/ April CONSULTATION SESSIONS (Feedback from Teams):**

- *Identified Streams that may need to stand alone i.e. suggestion of Palliative Care*
- *Aged Care space is disjointed- need operational and strategic alignment.*
- *Cancer Stream- one leader vs multiple leaders- differing views amongst group.*
- *Need to rethink the flat structure.*

## 4. Case for Change: Allied Health Services

Allied Health professionals represent a remarkable and diverse workforce that works across the range of services, facilities and in all clinical streams covering the MNCLHD. The District's Allied Health workforce is made up of a broad range of professional groupings, are key components of multidisciplinary teams, and are an essential part of patient and family centred care models.

A challenge for Allied Health is keeping the workforce highly and appropriately skilled with up-to-date knowledge within their disciplines. Recruitment of appropriately trained staff is always challenging, and the retention of skilled staff is a priority. A focus on leadership in Allied Health is key to ensure career development opportunities in both clinical and management roles.

Historically the Director Integrated Care, Allied Health and Community Services had professional and strategic responsibility for Allied Health and the Network General Managers had operational oversight of the Allied Health workforce. The Allied Health Advisory Council provided a leadership avenue to the Director Integrated Care, Allied Health and Community Services who also chairs the Council. In 2022 members of the Allied Health Advisory Council provided feedback on the effectiveness of the function of the Council and recommended the following:

- review of membership of the Council
- review of the processes, including decision making in the Council
- overall review and reflection of the role and function of Council

This led to a review of the Terms of Reference for the Council to improve the voice for staff in relation to the needs and issues of Allied Health. The members had concerns that the strategic focus of the Council had limited impact on operations as the operational leadership including clinical governance sat with the Network General Managers. This misalignment led to an inefficient and potentially tokenistic view of the involvement of Allied Health staff in the strategic discussions and a misunderstanding of the priorities both operationally and strategically.

Allied Health staff also identified limited opportunities for staff development and career progression. The redesign process aims at developing a collective voice of Allied Health professionals, improving access to new funding initiatives, governance structures and developing workforce and succession planning. This is also expected to improve culture, staff retention and professional identity.

There has been a focus at the Ministry of Health on the needs of the Allied Health Workforce. This has included:

- Creation of Allied Health Workforce Plans

*The Health Professionals Workforce plan identifies a number of small but critical workforces that require attention in order to meet the needs of a changing health care service in NSW. Small but critical workforces are defined as "Workforces which contribute critical and essential elements of a comprehensive health service, and are currently experiencing threats to meet systems needs now and into the future".*

- Workforce Mapping Projects to identify and forecast health service delivery requirements towards 2030

*NSW Health is undertaking workforce planning projects for allied health in NSW to identify the workforce requirements to 2030, which aligns with action 7.8 of the Health Professionals Workforce Plan 2012-2022. Phase one of these projects involves horizon scanning to identify*

*the roles of allied health professions, challenges and drivers that are expected to influence the role of these workforces in the future. Phase 2 of these projects involves scenario generation that will be used to drive the workforce modelling.*

#### 4.1 CONSULTATION

When the Community Services Reform was officially launched in September 2022, the District Manager of Community Services Reform attended the Allied Health Heads of Department meetings (monthly) Allied Health Advisory Council (bi monthly) and Allied Health Supervision Forum to discuss the needs of the services with Allied Health Staff.

Following this, meetings have been held with Allied Health staff to codesign a proposed stream.

These meetings were held on 6.3.2023, 7.3.2023, 10.3.2023, 14.3.2023, 15.3.2023, 16.3.2023, 23.3.2023, 28.3.2023, 29.3.2023 and are still ongoing.

In addition, all staff have been provided an open-ended questionnaire/ survey (which is due to close on 28.4.2023) to gather further feedback.

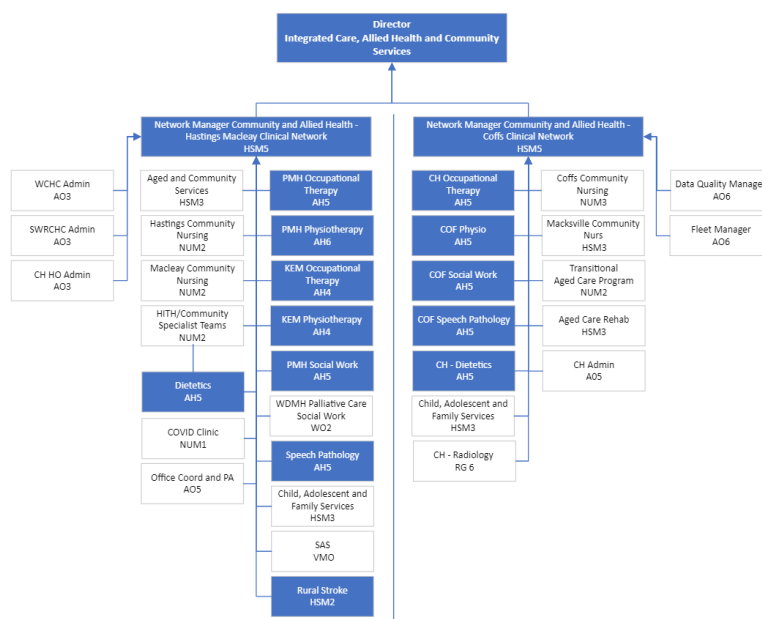
All staff have also been provided a generic email for feedback, as required: [mnclhd-communityservicesreform@health.nsw.gov.au](mailto:mnclhd-communityservicesreform@health.nsw.gov.au)

To support Aboriginal staff to participate in culturally safe consultation there will be facilitation of both individual consultation with Aboriginal staff and group consultation with Aboriginal staff. The Community Services Reform Team will cofacilitate consultations with senior Aboriginal leaders in the ICAHCS Directorate.

A follow up Town Hall was also held on 21 March 2023, providing an update to all staff that consultation was ongoing.

In the consultation meetings, the existing structure was discussed with staff (Figure 5)

Figure 5: Existing Allied Health Structure- Allied Health in Blue



#### 4.2: SCOPE

Allied Health is a diverse group of 23 professions, 16 of which are represented in the MNCLHD.

#### 4.3: TIMELINE

Team	Initial Consultation	Proposed Formal Feedback Period
Allied Health	Ongoing at this stage	TBC

#### 4.4: THEMES FROM March CONSULTATION SESSIONS (Feedback from Teams):

- *Changes to names of teams discussed*
- *Discussion around department or discipline leads*
- *Identified AH in community teams would need to be part of discussions*
- *Acknowledge some unusual historical reporting lines*
- *HODs raised feedback from MDT roles in community around dotted lines to professional leads vs staying in MDTs*
- *Need for governance in Allied Health*
- *Smaller sites need a voice.*
- *Varied need of each area/ community*
- *Is there a need to consider direct reporting to Allied Health LHD lead?*
- *Feedback provided around professional reporting needs; small team needs a voice*
- *Challenges in recruiting in Allied Health*
- *Discussion re: roles having differing needs in small vs large sites.*

## 5 Future Planning:

### **Next Steps:**

- Await completion of Survey Consultation and collate results to feedback to teams.
- Completion of Aboriginal Staff Consultation for Allied Health and District Management Groups.
- Update of Consultation information on Intranet Page for all Staff  
[Community Services Reform - MNCLHD Intranet \(nsw.gov.au\)](#)
- Ongoing USCC with Industrial Partners, including staff representatives.

### **Key Contacts:**

Sarah Fox (Acting District Manager Community Services Reform)

[Sarah.fox3@health.nsw.gov.au](mailto:Sarah.fox3@health.nsw.gov.au)

Dennis Leo (Project Officer Community Services Reform)

[Dennis.leo@health.nsw.gov.au](mailto:Dennis.leo@health.nsw.gov.au)