Restructure – Consultation Document

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**Document control sheet**

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Contents

[Stage 1 – Scope, Plan and Approval 3](#_Toc119590220)

[1.1 The Need for Change 3](#_Toc119590221)

[1.1.1 Description of Service 3](#_Toc119590222)

[1.1.2 Reason and Purpose for the Restructure 3](#_Toc119590223)

[1.1.3 Current Structure 4](#_Toc119590224)

[1.2 Restructure Plan 4](#_Toc119590225)

[1.2.1 Proposed New Structure 4](#_Toc119590226)

[1.2.2 FTE & Funding Allocation. 4](#_Toc119590227)

[1.2.3 Proposed Changes to Position Descriptions 6](#_Toc119590228)

[1.2.4 Impact on services and functions 6](#_Toc119590231)

[1.2.5 Likely impact on employees 7](#_Toc119590232)

[Stage 2 – Consultation 7](#_Toc119590233)

[2.1 Notification to employees 7](#_Toc119590234)

[2.2 Notification to Union/Industrial Bodies and other relevant parties 7](#_Toc119590235)

[Stage 3 – Implementation 7](#_Toc119590236)

[Stage 4 – Review 8](#_Toc119590237)

# Stage 1 – Scope, Plan and Approval

## 1.1 The Need for Change

### 1.1.1 Description of Service

The Northern Sydney Local Health District (NSLHD) Mental Health, Drug and Alcohol (MHDA), Child and Youth Mental Health Service (CYMHS) comprises of inpatient and community service provision across the district. There are two inpatient units and twelve community teams located across the four sites: Hornsby Ku-ring-gai, North Shore, Ryde and the Northern Beaches (NB).

The sectors are managed by Service Managers as per attached organisational chart (TAB A). Historically there was a Service Manager position for each community CYMHS sector within the LHD. In 2015, following a strategic Service realignment of CYMHS, operational management for the NB and Hornsby sectors were combined to align with a direct reporting line to a single Service Manager position.

### 1.1.2 Reason and Purpose for the Restructure

Since the two sectors were combined in 2015, both sites have expanded exponentially in population growth and subsequent increased demand for the service. Recent years has seen a significant increase in the complexity and acuity of the clinical workload within all community CYMHS services with the overwhelming majority of all consumers of the service having high levels of clinical risk and complex co-morbidity compared to historical profiles which saw a greater mix of presentations and acuity levels. This increased level of clinical complexity has also seen a reduction in the number of senior and full-time clinicians within the service as many experienced therapists have moved to part-time roles or have left the service to pursue careers in both the private and education sectors.

NSLHD MHDA CYMHS received a $1.4M funding enhancement to increase clinical service delivery within the NB sector in the current financial year. This funding enhancement will prove an additional 7.99 FTE of staffing within the NB CYMHS team according to the proposed staffing establishment. These positions are currently in the process of being recruited to.

Since combining the two sectors, the Service Manager for Hornsby and Northern Beaches CYMHS role has had 36.63 FTE direct reports across the two large geographical sectors. This figure has now risen to 46.02 FTE with the additional staffing enhancement to the Northern Beaches sector. It is not reasonable that the positions are managed by one service manager and achieve required outcomes where comparably the average number of direct reports managed by other CYMHS Service Managers of similar grading is approximately 24 FTE.

The NSLHD Chief Executive has approved a Brief for the creation of a separate Service Manager, Health Manager Level 3 (HM 3), position to exclusively manage Hornby CYMHS community team. The funding enhancement at NB CYMHS has enabled the possibility of creating a new CYMHS Service Manager position to facilitate a proposed change in reporting line structure whereby each of the two sectors will have a dedicated Service Manager position.

### 1.1.3 **Current Structure**

Please see TAB A for the current organisational structure for NSLHD MHDA CYMHS.

The Hornsby Community CYMHS currently has a total staffing establishment of 18.34 FTE which comprises 16.71 FTE frontline clinical positions and 1.63 FTE adminitstrative support.

The Northern Beaches Community CYMHS has has a total staffing establishment of 27.68 FTE comprising 25.45 FTE clinical roles and 2.23 FTE administrative support.

## 1.2 Restructure Plan

### **1**.**2.1 Proposed New Structure**

Under the proposed new structure, both the NB CYMHS and Hornsby CYMHS would continue to function as separate clinical teams as is currently the case. The only proposed change is to the responsibility for the operational management of service delivery falling under a full-time dedicated Service Manager position within each sector. Both Service Manager positions will sit in the CYMHS Executive group and report directly to the CYMHS Service Director. The proposed new structure is envisaged to have minimal direct impact on the roles and functions of staff within the Hornsby and NB CYMHS, other than a change in reporting line to a Service Manager role dedicated to each specific sector.

Please see TAB C for the proposed new organisational structure for MHDA CYMHS.

The key business functions that are currently managed by the Hornsby and NB CYMHS Service Manager are proposed to be managed by the respective Service Manager for each sector.

### 1.2.2 FTE & Funding Allocation.

There are currently 46.02 FTE positions which are direct reports to the Hornsby and Northern Beaches CYMHS Service Manager position (1.0 FTE) as identified in the table below. Under this proposal the existing establishment within each of the Northern Beaches and Hornsby community CYMHS teams would remain unchanged, with the NB CYMHS team (28.68FTE) reporting directly to a Northern Beaches CYMHS Service Manager position and the Hornsby CYMHS team (18.36FTE) reporting directly to a new Hornsby CYMHS Service Manager role, all within approved establishment.

As part of the $1.4M funding enhancement, $151,577 has been allocated to fund the new Service Manager position

|  |  |  |
| --- | --- | --- |
|  | | |
| **Staffing establishment** |  | **Budgeted FTE** |
| Clinical Lead | Multi-Disciplinary Health Clinician Level 5 | 2.0 FTE |
| Medical | Staff Specialist | 2.3 FTE |
| Registrar | 2.0 FTE |
| Multi-Disciplinary Health Clinician | Multi-Disciplinary Health Clinician Level 3 | 25.97 FTE |
| Multi-Disciplinary Health Clinician Level 1/2 | 1.0 FTE |
| Lead Intake Clinician | Multi-Disciplinary Health Clinician Level 4 | 1.0 FTE |
| Nursing | Clinical Nurse Consultant | 3.16 FTE |
| Social Work | Social Work Level 4 | 1.8 FTE |
| Social Work Level 3 | 1.0 FTE |
| Occupational Therapy | Occupational Therapist Level 3 | 1.0 FTE |
| Consultation Liaison Clinician | Multi-Disciplinary Health Clinician Level 4 | 0.4 FTE |
| Peer Worker | Health Education Officer | 0.53 FTE |
| Administrative support | Administration Officer Level 4 | 2.63 FTE |
| Administration Officer Level 2 | 1.23 FTE |
|  | **Grand Total** | **46.02 FTE** |

The proposed establishment for each of the Northern beaches and Hornsby CYMHS services (including separate Service Manager Positions) is as follows:

|  |  |  |
| --- | --- | --- |
| **Northern Beaches Staffing Establishment** | | **Budgeted FTE** |
| Clinical Lead | Multi-Disciplinary Health Clinician Level 5 | 1.0 FTE |
| Medical | Staff Specialist | 1.3 FTE |
| Registrar | 1.0 FTE |
| Multi-Disciplinary / Allied Health Clinician level 3 | Multi-Disciplinary Health Clinician Level 3 | 15.26 FTE |
| Multi-Disciplinary / Allied Health Clinician Level 1/2 | Multi-Disciplinary Health Clinician Level 1/2 | 1.0 FTE |
| Nursing | Clinical Nurse Consultant Grade 1 | 1.16 FTE |
| Lead Intake Clinician | Multi-Disciplinary Health Clinician Level 4 | 1.0 FTE |
| Social Work | Social Worker Level 4 | 1.2 FTE |
| Social Worker Level 3 | 1.0 FTE |
| Occupational Therapist | Occupational Therapist Level 3 | 1.0 FTE |
| Peer Worker | Health Education Officer | 0.53 FTE |
| Administration | Administration Officer Level 4 | 1.63 FTE |
| Administration Officer Level 2 | 0.6 FTE |
| Service Manager NB CYMHS | Health Manager Level 3 | 1.0 FTE |
|  | **Grand Total** | **28.68 FTE** |

|  |  |  |
| --- | --- | --- |
| **Hornsby Staffing Establishment** | | **Budgeted FTE** |
| Clinical Lead | Multi-Disciplinary Health Clinician Level 5 | 1.0 FTE |
| Medical | Staff Specialist | 1.0 FTE |
| Registrar | 1.0 FTE |
| Multi-Disciplinary / Allied Health Clinician level 3 | Multi-Disciplinary Health Clinician Level 3 | 10.71 FTE |
| Nursing | Clinical Nurse Consultant Grade 1 | 2.0 FTE |
| Social Work | Social Worker Level 4 | 0.6 FTE |
| Consultation Liaison Clinician | Multi-Disciplinary Health Clinician Level 4 | 0.4 FTE |
| Administration | Administration Officer Level 4 | 1.0 FTE |
| Administration Officer Level 2 | 0.63 FTE |
| Service Manager Hornsby CYMHS | Health Manager Level 3 | 1.0 FTE |
|  | **Grand Total** | **19.34 FTE** |

### 1.**2.3 Proposed Changes to Position Descriptions**

It is not envisaged that there will be any changes to the current Position Descriptions for any of the staff within the Hornsby or the Northern Beaches community CYMHS. The current existing Position Descriptions reflect a reporting line to the role of ‘CYMHS Service Manager’ which will continue to be the case following the proposed addition of a separate, sector specific Service Manager role.

The Service Manager PD will largely be maintained, with the only update being to advise that the role is responsible for the operational management of its individual team.

### 1.2.4 Impact on services and functions

The creation of a dedicated Service Manager role for the Hornsby CYMHS sector will provide an opportunity for increased focus on local sector service delivery and provide increased access and availability to onsite managerial support more consistently across the week.

### 1.2.5 Likely impact on employees

There is not expected to be any adverse impact on staff within either the Hornsby or NB CYMHS, as there will be no change to role requirements, expectations, or to the position descriptions of any staff. The key change is to the governance and reporting structure to a dedicated Service Manager role within each sector.

It is expected that the proposed change will result in many positive benefits for staff within each sector, due to the increased availability of support through having a dedicated Service Manager position full-time. This will enable enhanced capacity to focus on opportunities for onsite staff support and monitoring of wellbeing, clinical service delivery improvements, improved availability and accessibility of the Service manager role not only to all employees but also to consumers and carers of the service to address any issues identified.

# Stage 2 – Consultation

## 2.1 Notification to employees

Preliminary discussions have been held with the CYMHS Service Director and Service Manager for Hornsby and Northern Beaches CYMHS with staff at both the Hornsby and NB sectors.

A preliminary meeting outlining the change in reporting lines and the impact on the business functions was held on Friday 7th October 2022 with all Hornsby CYMHS staff with an opportunity to ask questions. A follow-up meeting occurred on Tuesday 18th October 2022. Both meetings were scheduled with a video-conferencing option in order to also be available for online participation to increase availability to staff unable to attend in person.

A consultation meeting will be held once CYMHS staff and the Unions have been formally notified of the proposed restructure.

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

The relevant unions that need to be consulted include:

* NSW Nurses and Midwives Association,
* Australian Salaried Medical Officers Foundation (ASMOF),
* Health Services Union.

A copy of the consultation paper, including the current and proposed new structures and copies of the amended position description will be provided to the unions. Feedback will be requested within two weeks of issuing the consultation paper, and a meeting with the union can be held should any issues arise.

# Stage 3 – Implementation

It is intended that the key change will be implemented in stages through appointment of a temporary Hornsby CYMHS Service Manager via expression of interest during the recruitment process to the permanent role.

The table below indicates the key actions to occur and the timeframe.

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| --- | --- |
| **Action** | **Timeframe (by when)** |
| Preliminary discussions with relevant staff | 18/10/2022 |
| Inform unions by correspondence | 21/11/2022 |
| Transition operational reporting lines | 01/02/2023 |
| Handover meeting between current NB/HKH CYMHS Service Manager and Hornsby CYMHS Service Manager | 01/02/2023 |

# Stage 4 – Review

The review of the restructure will be held at six and twelve months post implementation to analyse whether the Service was able to broaden its scope of activity, develop new pathways, increase its referral base and improve referrer satisfaction as intended by the original report.