

10 November 2022

Mr Gerard Hayes  
Secretary Health Services Union  
Level 2, 109 Pitt Street  
SYDNEY NSW 2000

Via email: [Secretary@HSU.asn.au](mailto:Secretary@HSU.asn.au)  
Cc: [mary.butler@hsu.asn.au](mailto:mary.butler@hsu.asn.au)  
[NNSWLHD-Industrial@health.nsw.gov.au](mailto:NNSWLHD-Industrial@health.nsw.gov.au)  
[Richard.Buss@health.nsw.gov.au](mailto:Richard.Buss@health.nsw.gov.au)

Dear Mr Hayes

**Re: Health Promotion Unit - Proposed Restructure**

I write to provide preliminary communication regarding a proposed restructure of the Northern NSW Local Health District (NNSWLHD) Health Promotion Unit in response to emerging needs within our community and health system.

***Background***

The NNSWLHD Health Promotion Unit works collaboratively with partner organisations, clinicians and the broader community to reduce risk factors for poor health across a number of priority areas.

Ministry of Health funding allows the Health Promotion Unit to target state-wide priority areas through service agreements with specific Key Performance Indicators:

- Healthy Eating
- Obesity Prevention
- Tobacco Cessation
- Falls Prevention
- Healthy Lifestyle Coaching

Other priorities allow NNSW LHD Health Promotion to also target:

- Alcohol – community action and risk reduction
- Health Literacy
- Healthy Environment Advocacy
- Infant Hearing
- Research and Evaluation
- Respectful Relationship Education

Additionally, Health Promotion attracts one-off funding for specific preventative health projects and is required to remain adaptive and flexible to emerging needs.

***Current Health Promotion Structure (Attachment #1)***

Currently the Health Promotion Unit maintains a relatively flat structure with four (4) Program Coordinators (HSM2) line managing between two and five staff. There is also an additional four (4)

Project Officer (HSM2) roles with specific clinical/project focus without staff line management responsibility.

Collectively eight (8) HSM2 positions (with varying levels of staff line management responsibilities) report directly to the Health Promotion Manager (HSM4).

A number of staff resignations recently (specifically at the Program Coordinator HSM2 level) has created an opportunity to review the management structure of the Health Promotion team to ensure the team is sufficiently supported at the strategic level and fit for purpose going forward.

Attachment #1 shows the current Health Promotion Team structure that has existed largely unchanged for over a decade.

### ***Identified challenges***

The existing Health Promotion structure is currently limited by several factors, including:

- The flat structure limits any ability to streamline or consolidate line management responsibility among the proliferation of HSM2 positions. The result of this is that the existing team structure has little opportunity for creation of consolidated work streams.
- The lack of any HSM3 positions means there is no career progression for existing HSM2 Health Promotion staff, which has contributed in part to staff progressing on to other roles in the context of a competitive employment market.
- The mix of HSM2 staff with and without line management responsibilities creates an inequity in terms of roles incorporating staff management functions.
- In a post-Covid world, Health Promotion needs to re-focus priorities going forward to align with state-based priorities, rebuild partnerships and meet KPIs set by the Ministry of Health.

### ***Proposed Health Promotion Structure (Attachment #2)***

The Health Promotion Unit will be consolidated into two discrete program streams which align with Ministry of Health priorities. The new program areas are:

- Priority Partnerships Team; and
- Healthy Environments Team.

These new program areas will be overseen by two new Program Manager (HSM3) positions (Manager Priority Partnerships and Manager Healthy Environments) who will be responsible for leading the strategic development and expansion of their respective program areas.

- The Priority Partnerships stream - will have a focus on clinical engagement and collaborative development of partnerships with both internal and external stakeholders, including NGOs, clinicians and government departments.  
This will incorporate the two (2) teams of Clinical Engagement/Tobacco, and Healthy Lifestyles.
- The Healthy Environments stream - will have a focus on the more traditional Health Promotion approach of influencing broad social determinants of health such as through advocacy, early intervention and targeting of priority populations.  
This will incorporate the two (2) teams of Research & Evaluation, and Healthy Childhood.

The new positions will be established by utilising two (2) of the vacant HSM2 Program Coordinator positions. These new HSM3 roles will assume the majority of line and program management responsibility for their respective Teams.

The Health Literacy Team will continue to report to the Health Promotion Manager, given that the work of this team is co-funded by Healthy North Coast and operates into a number of other areas outside of the Health Promotion Unit.

### ***Impacts for Current HP team***

- The remaining two HSM2 Program Coordinators will continue to line manage and provide program support to their team of 2-4 staff, with no changes in position responsibilities or grading.
- Existing permanent Health Promotion staff will be retained with no change to their existing roles and employment conditions. However, there are adjustments to line management and operational stream in some instances.
- Positions currently under Temporary contract will be converted into Permanent roles in the staffing profile and advertised for recruitment, to solidify team structure and increase employment security for staff.
- The Communications and SWISH Coordinators and Administration Support Officer roles will continue to report to the Health Promotion Manager as they will be required to support all staff across all teams within the Health Promotion Unit.
- The HU2Q Registered Nurse positions will be located within the Priority Partnerships team. These roles are co-managed as partnerships with other areas of the LHD (as indicated by the dotted lines) and line management will remain with Mental Health Alcohol and Other Drugs and governed by a Service Agreement.
- A new Mental Wellbeing Health Promotion Officer role will be created to manage the delivery of evidence-based mental wellbeing programs designed to increase local capacity to prevent mental illness and support the wellbeing of the Northern Rivers community post-floods. This role will work with partners and stakeholders across the region to strengthen protective factors for mental health, improve mental health literacy and support the physical health of people with mental health challenges by reducing stigma.
- The CHEGS Project Coordinator position will be discontinued at the end of the current contract period (March 2023) as the existing CHEGS structure will be retired following an extensive needs analysis and consultation period with providers. A new small grants program will be established to support low-cost and targeted exercise opportunities for seniors that will be managed within the Healthy Lifestyles Team.

### ***Identified Benefits***

This re-structure proposal will provide an improved governance model and structural consolidation of the Health Promotion Unit to achieve state-based program KPIs and adapt to emerging health promotion needs and opportunities, without reducing overall staff numbers or incurring a net loss in management positions.

The introduction of a new level of management with the Program Manager positions will provide greater support and strategic expertise within the team with enhanced capacity for management

support and program delivery outcomes, as well as important career progression opportunities within the Health Promotion Unit.

The proposed re-structure will position the team as champions of preventative health, as well as raise the profile of the health promotion workforce within the LHD and wider community.

### ***Consultation and Feedback***

The proposed restructure has been endorsed by the Chief Executive and Executive Leadership Team. We are currently developing an implementation plan and now in a position to commence a formal consultation process with the Health Promotion Team and the Health Services Union.

We held a scheduled forum with the Health Promotion Unit staff on Monday 7 November 2022, whereby relevant information was shared with the staff. Health Promotion staff have been invited to make written submissions by Monday 21 November 2022 on the proposed changes to the Acting Manager Health Promotion (Graeme Williams). The feedback will be consolidated and further meeting and discussion scheduled as required.

I invite the HSU to provide any feedback or questions regarding the proposed restructure actions by Monday 21 November 2022, to [graeme.williams1@health.nsw.gov.au](mailto:graeme.williams1@health.nsw.gov.au) so that this can be consolidated and considered.

In the meantime, should have any immediate queries, please don't hesitate to contact me on 02 6620 7396 or email [vicki.rose@health.nsw.gov.au](mailto:vicki.rose@health.nsw.gov.au)

Yours sincerely



Vicki Rose  
**Director Integrated Care and Allied Health Services**