



# Canberra Health Services Consultation Paper;

Aboriginal and Torres Strait Islander Liaison Services  
(ALO Service and MHJHADS ALO Service) Realignment

Division of Allied Health/Acute Allied Health Services  
and Division of Mental Health, Justice Health, Alcohol and  
Drug Services

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## 1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services:** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Four Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community based** health services including early childhood services, youth and women’s health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

On 1 October 2018 ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

The [current organisational chart](#) and the recent [Annual Report](#) and the ACT Government [Budget Papers](#) provide more detail about CHS.

To provide a strong focus on operational effectiveness, efficiency and accountability in the Aboriginal and Torres Strait Islander health services provided by CHS, it is proposed to realign the Aboriginal and Torres Strait Islander Liaison (ALO) team in Division of Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) with the ALO team in the Division of Allied Health (AH), to form one ALO service under the Division of AH.

The realignment of the services is intended to provide a platform for a future review of the ALO model of care to inform contemporary best practice in meeting the health, social and emotional needs of Aboriginal and Torres Strait Islander peoples within ACT and surrounding areas, while improving cultural safety for Aboriginal and Torres Strait Islander peoples accessing these services.

The realignment of both ALO services under the Division of AH will support the ongoing development and delivery of culturally responsive care.

## 2. Purpose

This paper provides the details of the proposed realignment of the ALO services under the Division of AH for the purpose of consultation.

The following key stakeholders will be offered an opportunity to provide feedback on the proposal during the consultation period:

- CHS ALO teams
- Elected Body via the health representative
- Consumer Reference Group
- Various Unions
- CHS Divisions

A meeting will be held with the ALO teams to discuss the proposal and hear any immediate concerns or feedback. Prior to meeting, the teams will be provided a copy of this paper and the opportunity to provide additional written feedback through this consultation process.

## 3. Current model

CHS currently has two separate ALO services operating across the Division of AH and MHJHADS. Both services provide cultural, emotional and wellbeing support to Aboriginal and or Torres Strait Islander patients and their families. Between the two ALO teams services are delivered across all CHS divisions, with one team primarily delivering services to MHJHADS only.

The current structure of the ALO service in Division of AH consists of five full time equivalents (FTE) positions:

- 1 x SOGC
- 2 x ASO6
- 1 x ASO5
- 1 x ASO4

Having this ALO service embedded in the Division of AH has assisted the development of mutually beneficial working relationships with other AH professionals within the acute AH services through the timely exchange of information, which was historically a more segregated service.

The MHJHADS ALO service works solely within the MHJHADS division. The current MHJHADS ALO service consists of four FTE positions:

- 1 x SOGC
- 3 x ASO6

Both ALO teams are small, creating issues with backfilling of leave, attraction issues and limited opportunities for cross training and career progression.

## 4. Rationale for change

It is hoped that by bringing both teams together under the Division of AH, there will be increased support for all team members through strengthened governance and consistent expectations regarding the delivery of ALO services.

In addition, a combined team approach with an aligned strategic and operational focus will provide increased opportunities to build ALO's knowledge across multiple areas, supporting career progression, the attraction and retention of staff and ultimately improved delivery of ALO services across CHS.

A combined ALO service will provide a "one stop shop" referral and contact service for staff and community which will prevent the risk of referrals being missed, reduce confusion about who to contact and assist with building a service that is trusted by the community.

The proposed realignment supports the goals of:

- providing "exceptional consumer experience through partnership" as outlined in the *CHS Partnering for Exceptional Care, Partnering with Consumers Framework 2020-2023*; and
- improving care and cultural support to Aboriginal and/or Torres Strait Islander peoples as outlined in the *Together Forward – better health and access to health care for Aboriginal and Torres Strait Islander Peoples in the Canberra Region*, report.

The realignment will provide the ALO teams increased opportunity to collaborate with colleagues and other professionals and to design an ALO service to assist with meeting Closing the Gap initiatives now and into the future.

## 5. Future model

### 5.1. Scope of the future model

In the proposed realignment the two SOGC roles will be separated. The current MHJHADS SOGC position will remain as the manager for the "new" realigned team and report to the Director AH, Acute Allied Health Services (AAHS), while the current AH SOGC position will be moved sideways out of the ALO structure and will have responsibility for strategic project work across the organisation, reporting directly to the Senior Director AH. The current temporary ASO6 project officer role, which does not appear in the current structure, will also report directly to the Senior Director AH.

It is proposed that the ASO5 and ASO4 positions be assigned clear reporting lines and the ASO6 positions will all report to the one SOGC position.

There will be no immediate accommodation moves or immediate changes to services delivery.

If the realignment of the teams proceeds, once the new team is established, work will commence to align the ways of working, clarify expectations and ensure all staff continue to work together in a culturally safe and respectful work environment.

Further discussions will then commence with the team around service delivery and workforce requirements to support the future delivery of contemporary ALO services. These conversations will also include consideration of options for accommodating the team together to strengthen collaboration opportunities.

Any further changes resulting from the additional work around service delivery and/or accommodation, would be subject to further consultative processes.

The current and proposed ALO team structure is provided at **Attachment A**.

## 5.2. Benefits of the future model

The realignment of the two ALO teams would provide increased opportunities for the sharing of knowledge with each other and other professionals, provide a streamlined governance process and provide additional opportunities for development and career progression. The opportunity for a one-stop shop for staff and consumers would increase the ability of the team to triage their services to provide increased opportunities for providing timely preventative care and hospital diversion, improving health outcomes for Aboriginal and Torres Strait Islander people.

A streamlined governance structure would also facilitate improved access to placement and graduate opportunities, allowing for the ongoing growth and sustainability of the Aboriginal and Torres Strait Islander health workforce.

## 5.3. Implementation of the future model

Should the proposed realignment proceed, the following would occur:

- Staff advised of the outcome of the consultation process and timeframe for the change to occur.
- Communication with key internal and external stakeholders around the changes and proposed timeframes
- Consultant engaged to work with the staff around the change, establishing agreed ways of working together, governance structures, setting expectations and establishing communication and escalation pathways.
- Realignment of reporting lines in the payroll system.

## 5.4. Related change processes

As identified above, should the realignment proceed, once the team is established further discussions will be undertaken regarding accommodation, future services delivery and workforce needs. These matters would be subject to separate consultation processes.

## 5.5. Implications for not undertaking the change

Should the realignment not proceed, all delivery of ALO services will remain the same. Gaps will remain in the referral services as will consumer confusion regarding who to contact for ALO support. The delivery of services will remain siloed and disjointed rather than collegiate and proactive, limiting career progression and ongoing development of ALO staff and impacting improvements to care and cultural support for the Aboriginal and Torres Strait Islander community.

## 5.6. Consultation methodology

This paper outlines the initial proposal to bring the two ALO teams together under the Division of AH. Individual meetings will be held with the two SOGC's and ALO teams as part of this consultation process, with the opportunity to also provide written feedback per below.

Your feedback, suggestions and questions regarding the realignment of the ALO teams are welcome and will be fully considered, prior to a final decision being made.

In particular we are seeking responses to the following questions:

1. Do you have any concerns about the proposal so far, if so, what are they?
2. Do you have any other feedback you would like to be considered in relation to the ALO service realignment?

Feedback and any questions can be directed to Andrew Slattery, DAH (AAHS), [Andrew.slattery@act.gov.au](mailto:Andrew.slattery@act.gov.au) , by close of business **Monday 6 June 2022**.

## 7. References

Document	Author
Canberra Health Services Strategic Plan 2020-2023	Canberra Health Services
CHS Partnering for Exceptional Care, Partnering with Consumers Framework 2020-2023.	Canberra Health Services
Together Forward – better health and access to health care for Aboriginal and Torres Strait Islander Peoples in the Canberra Region	Canberra Health Services in collaboration with the Aboriginal and Torres Strait Islander Consumer Reference Group