Population Health Division

Realignment Survey Outcomes

PHD Realignment Implementation Advisory Group Report 2023 (July 2023)

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Background

Following consultation in late 2021, the Prevention and Population Health Division was integrated with the Public Health Regulation and Protection Division under the lead of the Chief Health Officer (CHO) to form a comprehensive division called the Population Health Division. This change was made with effect from December 2021.

Following a review by HBA Consulting, all Population Health Division (PHD) staff were presented, on 26 July 2022, with a proposed realignment structure for the PHD and invited to provide comment to the proposal. A total of 44 submissions were received to this consultation and summarised in a listening report.

On Wednesday 19 October 2022, PHD staff were advised of the new divisional structure and advised that this structure would take effect from 8 November 2022. The new PHD structure committed to a three-month and six-month review process to review outcomes, determine success and identify more opportunities for organisational refinement; in consideration of implementation issues, staff feedback and ways to continue improving business operations.

A PHD Realignment Implementation Advisory Group (Advisory Group) was established by the Population Health Executive Committee (PHEC) to oversee implementation and ongoing improvements to the PHD organisational structure, serving as a conduit for continued staff feedback and advice to the executive.

This report has been developed by the Advisory Group to provide the PHEC with outcomes from the six-month staff survey and provide recommendations regarding the implementation of the new PHD structure.

PHD staff realignment check-in

The PHD Executive Group Manager (PHD EGM) launched PHD Structural Realignment Staff Check-In Survey (Survey) on 25 May 2023. Staff were invited to share their insights about:

- the PHD realignment implementation,
- if realignment objectives been met, and
- what actions can be taken to enhance how we work.

The Survey closed on Friday 9 June 2023 with raw data provided to the Advisory Group on 13 June 2023 and a preliminary report on 20 June 2023.

The survey aimed to gather PHD staff views on a range of matters following the 8 November 2023 realignment, specifically:

- if the proposed structure was successfully implemented and achieved it's intended outcomes (*Align our functions, Create pathways and collaboration, Check our work fits in this division, Manage the change*), and
- what further organisational changes should be considered (if any) following implementation of the PHD realignment.

Over the consultation period, a total of 80 submissions were received, including 57 responses to the Survey and 23 feedback submissions via SharePoint.

An overview of responses received via the Realignment SharePoint webpage and Survey responses has been consolidated and provided to the PHD Executive team. Feedback received through the Realignment SharePoint webpage was found to be consistent with the feedback received through the Survey. To ensure staff privacy is maintained, and due to the identifying nature of some feedback, it will not be distributed to all staff. Staff can seek more information on this feedback from their EBM.

Survey responses (57 submissions received)

This report combines agreed/strongly agreed responses and disagreed/strongly disagreed responses. It does not report on 'neutral' responses. Themes of the responses are summarised where appropriate.

The three highest PHD units of engagement were the Promotion and Programs team (21 submissions), followed by Population Health Policy (13 submissions) and the Health Protection Service (13 submissions) (see Figure 1).

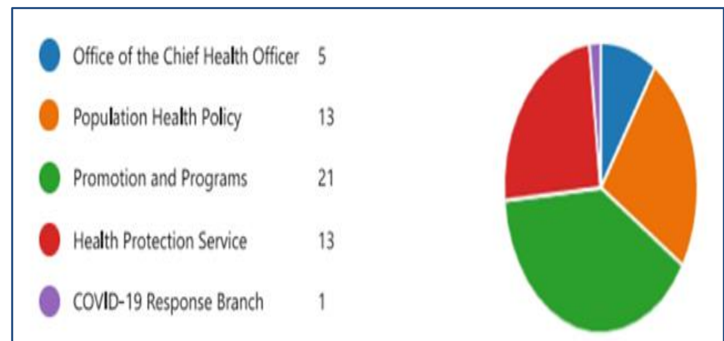

Figure 1- Submission responses by PHD unit

What's working?

The Survey found that there was generally an even distribution of support/non-support to the question "*the current structure and processes support delivery of work that my section is responsible for*" with broad support that section functions are aligned with branch functions.

Nearly three quarters of respondents to the Survey consider that the realignment has been at least somewhat effective. Some respondents noted there has been progress on developing and embedding a PHD identity and vision, that they have better access to legal advice, improvements in communication including Division-wide communication, e.g. PHD meetings, and email communication from members of the Executive.

A majority of respondents indicated that the feedback processes to managers and leaders are effective.

Positive feedback was provided regarding the repositioning of the Grants team alongside Health Promotion and the improved focus on tobacco and vaping in the Directorate.

Mechanisms to support personal development for employees were also felt to be effective and equitable by a majority of respondents.

Most respondents support the Division measuring the effectiveness of the current PHD structure on a yearly basis through an annual staff PHD process evaluation survey. Although, it is not clear how evaluation would be measured using an objective metric.

What can be done better?

Some feedback indicated the process of realignment as stressful, and that feedback was not being considered. Concerns were raised about delays in recruitment and multiple reporting lines.

30 per cent of respondents agreed that the current PHD structure and authorising environment enabled branches and sections to work well together – in meeting changing PHD priorities and requirements.

38 per cent of respondents reported facing challenges in aligning roles with their functions and 43 per cent of respondents disagreed that the current structure and processes supported the delivery of work that their section is responsible for.

Many respondents expressed concerns regarding a lack of structural alignment between the work that they do, the people that they work with most and the area their team has been moved to. Additionally, some respondents report that this disconnect has made communication more challenging and time-consuming and that the learning curve required by new executives has contributed to some delays in progression of work. Some respondents indicated the introduction of Objective and working with SharePoint under a new structure has impeded the implementation of new structure.

The following issues were raised regarding the structural alignment of these teams:

Team insights

Health Protection Service (HPS)

Infection Control Team

The realignment moved the infection control team from Communicable Disease Control section (CDC) to the Health Risk Facilities and Radiation Safety section, both within HPS.

The functions of the Infection Control team include both regulatory oversight and infection prevention and control. The regulatory and certain infection control functions are applied within Health Risk Facilities and Radiation Safety section (HRF&RS), however other infection prevention and control functions, such as to outbreaks, predominately relate to CDC – resulting in two reporting lines.

Communicable Disease Control

Some feedback received related to the structural realignment processes and not post-implementation, such as not clearly articulating a driving need or business case for change.

Some respondents also indicated a need for policy and/or Government business training due to the loss of access to policy and regulatory advice.

Some concern was also raised about ongoing funding of CDC positions highlighted in the restructure.

Research, Programs and Services Branch

The Research, Programs and Services Branch encompasses three sections:

1. Health Promotions and Grants
2. Centre for Health and Medical Research
3. Business Management

Several staff noted that there are no common links between the sections in the Research, Programs and Services Branch. Staff from all 3 sections have provided feedback.

Health Promotions and Grants

Some survey feedback indicated a misalignment of Health Promotions and Grants (HP&G) team, and that their work is more closely aligned with the Population Health Policy Branch than with the sections included in the Research, Programs and Services Branch.

While the realignment moved coordination of tobacco and e-cigarette work from Population Health Regulation (PHR) to Alcohol, Tobacco and Other Drugs (ATOD), the HP&G and PHR have continued needing to deliver significant work on e-cigarettes. This work has increased over the year, with a growing focus on this issue at both the ACT and national levels. The HP&G team has needed to work very closely with ATOD and PHR to ensure that this work is delivered in a coordinated way: the skills and knowledge of people in all three sections have been required for this work. It's suggested that HP&G would be more appropriately situated within the Population Health Policy Branch.

Business Management and Office of the Chief Health Officer

Prior to realignment, the Business Management team (BM) provided services to HPS only. The realignment moved most of this team into the new Research, Programs and Services Branch and extended their services to the whole of the Population Health Division.

Several concerns have been raised about the impact of this change with feedback indicating confusion about the distribution of responsibilities – particularly between BM and the Office of the Chief Health Officer (OCHO). It was also noted that the BM work still primarily relates to HPS functions.

Feedback received also indicated that executive assistants and support mechanisms for executive branch managers (EBM) and their branches needed further review or consideration.

Centre for Health and Medical Research

Some feedback highlighted a lack of connection between the Centre for Health and Medical Research (CHMR) and the Health Directorate and PHD, and it was suggested that the CHMR would be better placed as part of Canberra Health Services (CHS).

Population Health Policy Branch

Public Health Regulation Team

Prior to the realignment, the PHR was part of HPS. The realignment moved the PHR team into the Population Health Policy Branch and moved the non-regulatory tobacco and e-cigarette work to ATOD.

Feedback indicated that HPS now has less access to policy, project and regulatory support and that there can be confusion over who can allocate work to PHR and which EBM needs to clear an item. Additionally, feedback also indicated that PHR are still trying to establish what the team is responsible for.

Common themes arising from the Survey include:

- a disconnect between section functions and alignment with the division. This has reportedly confused workload prioritisation and project delivery.
- a need to establish clear working boundaries and priorities between all branches of the division,
- consideration of reallocating functions to other units that are not regulatory policy in nature was highlighted by PHR e.g., sexually transmitted infection, deathcap mushrooms and insanitary conditions (hoarding) policy.

Options for consideration

Possible options have been identified for consideration in relation to feedback from respondents reporting issues with the current structure and implementation.

There may be other options that have not been considered. The Advisory Group is not recommending preferred options since this decision would be informed by a range of variables the Advisory Group may not be aware of.

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Whole of Division Options

Issue	Options	Advantages	Disadvantages
Perception that feedback is not being considered	Provide clear feedback to staff about realignment deliberations and reasons for decisions. Discussions held directly with individual teams affected by changes.	Staff understand that their feedback has been genuinely considered and are aware of the reason for any decisions made.	Some staff will still disagree with some decisions.
	Provide opportunities for senior leaders to provide input into strategic pieces of work before they are shared with the entire division.	Supports identification of operational issues prior to wider circulation.	Adds additional timeframes to development of strategic pieces of work. May exacerbate change fatigue.
	Offer two-way feedback opportunities across all levels of the Division, such as EBM/Section led seminars.	Increases awareness of issues and what's working well.	Some feedback may be challenging to address.
Recruitment delays	Develop and implement processes to enhance recruitment timeliness, including target timeframes for timely recruitment action.	Staff can see improvements in recruitment timeframes and feel better supported	Recruitment delays may be outside control of the Division.
Multiple reporting lines/responsibilities split between teams.	Develop clear guidelines about the distribution of responsibilities between teams and the appropriate clearance route for different types of items.	Staff have a clear understanding of responsibilities and the clearance lines required for a piece of work.	It may not be possible to predict all the possible types of work items that may arise.

Issue	Options	Advantages	Disadvantages
Difficulties working with Objective and SharePoint.	Increase or publicise information/training available to support efficient use of Objective and SharePoint by staff. Development of guidance documentation and file/structure thesauruses.	More efficient use of technology saves time and reduces frustration.	Time required to upskill impacts on usual business.

Infection Control Team options

Issue	Options	Advantages	Disadvantages
The functions of the Infection Control (IC) team include both regulatory oversight and infection prevention and control. The regulatory and prevention function is applied within Health Risk Facilities and Radiation Safety, however the infection control function relates to CDC. As such, the team	Maintain status quo: IC remain in Health Risk Facilities and Radiation Safety section.	Team has had time to develop strategies to manage the disconnect and regulatory functions are supported.	Team is unhappy; infection control functions are difficult to manage and, in a time-sensitive situation, such as outbreaks, the IC team are not within CDC, which may impede timely action.
	Move the IC team to sit in CDC but providing regulatory services to HRF&RS	Infection control functions are better supported, and outbreak management responses are more efficiently delivered within the tight timeframes required.	The regulatory functions of the IC team may be less well supported.
	Split the team so that two IPC staff member sits in the regulatory team and the other position moved	Removes issue with dual reporting lines.	Less efficient use of IC staff.

Issue	Options	Advantages	Disadvantages
has two reporting lines.	to CDC and focus only on surveillance/outbreak management functions.		Reduced scope of practice for all IC staff. Staff member located in HRF&RS has less peer mentorship. Team likely to be unhappy at split.
	Move the IC team to sit in CDC and sit CDC within the Preparedness, Planning and Surveillance Branch	Infection control functions are better supported, and outbreak management responses are more efficiently delivered within the tight timeframes required.	The regulatory functions of the IC team may be less well supported. There may be less direct support for HPS teams from CDC.

Health Promotion and Grants Team

Issue	Options	Advantages	Disadvantages
Work not aligned with other sections included in the Promotion and Programs Branch. Works very closely with teams in the Population Health Policy Branch, particularly on e-cigarettes/tobacco.	Maintain status quo: HP&G Team remain in Promotion and Programs Branch.	Team has had time to develop strategies to manage the disconnect and have implemented workarounds.	Having different reporting lines to policy teams may impede workflow. There are also no common links between health promotion, business management and research teams.
	Move HP&G to the Population Health Policy Branch.	Better workflow for tobacco and e-cigarette work, as all clearances will sit with one EBM.	The Promotion and Programs Branch would shrink and would need to be reviewed. The EBM

Issue	Options	Advantages	Disadvantages
		All teams working on health promotion, harm minimisation and illness prevention policy and interventions will sit in same branch.	for the Population Health Policy Branch would have a higher workload.
	Co-locate all staff working on tobacco and e-cigarettes in a single team.	Would support collaboration in the tobacco and e-cigarette space.	Need for a dedicated team may be time-limited, requiring review after a short period. Work on other projects would be reduced. Reduced scope of practice and potential for skills loss for staff.

Business Management and Office of the Chief Health Officer

Issues	Options (not mutually exclusive)	Advantages	Disadvantages
Confusion about the distribution of responsibilities between BM and OCHO. BM work still primarily relates to HP functions but is not co-located. EA and support mechanisms for EBMs and	Maintain status quo: BM remain in Promotion and Programs Branch.	Team has had time to develop strategies to manage the confusion.	Confusion may not be resolved- leading to duplication of work and/or items missed.
	Merge BM and OCHO.	Provides a single administrative team.	May slow the work of both teams.
	Move BM team back to HPS.	BMS within branch where most of the work is generated from, facilitating responsive processes changes through single EBM approval.	Potential for reduced business support to remaining Division.

Issues	Options (not mutually exclusive)	Advantages	Disadvantages
branches need review.	Review EA support for executives.	Enables Identification of level of EA support required.	May identify a need for EA support that is not funded.

Centre for Health and Medical Research

Issue	Options	Advantages	Disadvantages
Lack of connection between the CHMR and the Health Directorate and Population Health Division	Maintain status quo: CHMR remain in PHD.	Team has had time to develop strategies to manage the disconnect with clinical services.	CHMR staff feel strongly linked to clinicians and may be unsatisfied. This may lead to workforce losses.
	Build better connections between CHMR and the Health Directorate/Population Health Division.	CHMR staff have a better understanding of why they are located within HD and the advantages this offers.	CHMR staff feel strongly linked to clinicians and may be unsatisfied. This may lead to workforce losses.
	Consider moving CHMR to CHS (if CHS agrees).	CHMR are more closely located with clinicians.	There may not be physical space to locate the CHMR team within CHS.

Public Health Regulation Team

Issues	Options	Advantages	Disadvantages
HP now has less access to policy, project and regulatory support. There can be confusion over who can allocate work to PHR and which EBM needs to clear an item. PHR are still trying to establish what the team is responsible for.	Maintain status quo: PHR remains in PHP Branch.	Team has had time to develop strategies to manage the disconnect and have implemented workarounds.	Having different reporting responsibilities impedes workflow. Uncertainty about work allocation. Uncertainty about responsibilities.
	Move PHR back to HP	The regulatory focus of the team fits with the HPS regulatory functions.	Links with Population Health Policy Teams are weakened, making ongoing joint work more difficult.
	Move PHR into OCHO to provide services across the Division.	May improve confusion regarding reporting responsibilities.	Increases CHO line-management workload.

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