

Consultation paper – NSW LHD Health Promotion Unit Restructure – Case for Renewal

Date of release: 07 November 2022

Purpose of this document:

To outline the proposed restructure of the NSW LHD Health Promotion Unit; namely the creation of two consolidated work streams that will align with future directions and the accompanying introduction of two new senior manager (HSM3) positions.

The purpose of the restructure is to ensure the Health Promotion Unit remains a contemporary and well-supported team within NSW LHD that has sufficient capacity to respond to ongoing and emerging health promotion needs within the community and health system. It represents a renewed commitment by NSW LHD by investing in a strengthened health promotion workforce that is able to improve the health outcomes of the population (including priority groups), address social determinants of health and integrate with clinical services to generate preventative health outcomes.

Background:

The Northern NSW Local Health District (NSW LHD) 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.

This is achieved by:

- collaborating with health professionals, communities, local government and non-government organisations to integrate health promotion into their work,
- empowering individuals and priority populations to have more control over their health by delivering evidence-informed, behaviour change interventions,
- developing skills to improve health literacy and promote healthy lifestyle behaviours,
- influencing conditions in the community that support good health and wellbeing, and
- strengthening community-led action.

As strengthening community-led action for health is a core principle under the Ottawa Charter, Health Promotion engages in a range of strategies, such as partnerships and community grants to drive innovation and engagement of hard to reach populations across the NSW LHD footprint.

The below state-driven strategic priority areas will further guide Health Promotions future directions:

- Embedding prevention across the health system
- Partnering to address the impact of social determinants of health in our communities
- Accelerating digital prevention service delivery

Funding Overview:

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

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

Other priorities allow NSW 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 status (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) HSM2 project officer 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).
- The recent number of staff resignations (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 for several years.

Current challenges

- The existing NSW LHD Health Promotion structure is currently limited by several factors, including:
 - The LHD policy that requires HSM positions must report to a higher graded HSM position 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 is fragmented with lower 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 partially led to staff progressing on to other roles in the context of a competitive employment market.
 - The mix of HSM2 staff with and without line staff management responsibilities creates an inequity in terms of roles incorporating human-resource 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 from the Ministry of Health.

Proposed Health Promotion Structure (Attachment #2)

- The Health Promotion Unit will be consolidated into two discrete program streams that align with Ministry of Health priorities. The new program areas will be titled:
Priority Partnerships Team and *Healthy Environments Team*.
- These new program areas will be overseen by two new HSM3 Program Manager 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 Team* will focus on clinical engagement and collaborative development of partnerships with both internal and external stakeholders, including NGOs, clinicians and government departments.
- The *Healthy Environments Team* will focus on the more classical Health Promotion approaches of influencing broad social determinates of health such as through advocacy, early intervention and targeting of priority populations.
- This restructure will be achieved by utilising two (2) of the vacant HSM2 Program Coordinator positions and converting them into the new HSM3 Program Managers. These new HSM3 roles will assume the majority of line and program management responsibility for their respective Teams.
- The new Managers positions will be responsible for the two (2) teams each:
Manager Priority Partnerships: Clinical Engagement/Tobacco and Healthy Lifestyles.
Manager Healthy Environments: Research & Evaluation and Healthy Childhood.

- 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 Health Promotion staff will be retained along with their existing roles and employment conditions. However there may be adjustments to their line manager and operational stream. Current Temporary contract positions will be converted into Permanent roles and advertised to solidify team structure and increase employment security for staff. This will be done progressively as current contracts approach their expiry date.
- All existing HSM2 positions (excluding the Communications, Health Literacy Officers and SWISH Coordinator) will report to one of the two new HSM3 Program Managers.
- Both the Communications Coordinator 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 sit under the Priority Partnerships team. However these roles will be managed as partnerships with other areas of the LHD (as indicated by the jagged lines) and line management will sit with MHAODS 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 increase local capacity to prevent mental illness and support the wellbeing of the NNSW 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 Health Literacy Team will continue to report to the HSM4 Health Promotion Manager position to reflect the high-level partnership between Healthy North Coast and the LHD.
- 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.
- 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 two new HSM3 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 Health Promotion.
- The Health Promotion 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

- The LHD is commencing a consultation period for 14 days from the date of release of this Consultation paper.
- There will be a staff forum scheduled regarding this proposal whereby relevant information is shared with staff, prior to being sent to industrial bodies.
- Staff are able to make written submissions on the proposed change at any time via email marked: *"Health Promotion Team Structure submission"* to: graeme.williams1@health.nsw.gov.au
- Following the conclusion of the consultation period, the approved plan will be advised to all staff accordingly and recruitment processes for new positions commenced prior to the end of 2022.
- Any questions should be directed to Graeme Williams on the above email address or by phone on 0458 227 913.

Consultation History:

Vicki Rose, Director Integrated Care

Linda Munro, Human Resources Manager

Hugh Bond, Senior Business Manager