

# Proposed Restructure Plan

---

Integrated Community Services & Mental Health

**Public Health**

## Contents

1. Overview of Integrated Community Services & Mental Health (ICSMH) Directorate .....	2
2. Public Health .....	3
2.1 Current State – Service Profile.....	3
2.2 Reason for the Restructure.....	3
2.3 Public Health Organisational Structure – Current State.....	5
2.4 Public and Population Health Organisational Structure – Proposed Future State .....	6
2.5 Affected Staff.....	7
2.6 Current and Proposed Position Descriptions (PD) .....	7
2.7 Timetable for Implementation.....	8
2.8 Consultation with Industrial Organisations.....	9
2.9 Information Sessions for Staff.....	9
2.10 Possible Effects on EEO Groups .....	9
2.11 Counselling and Vocational Assessment Services for Staff.....	9
2.12 Estimated Staff Redeployment.....	9

## 1. Overview of Integrated Community Services & Mental Health (ICSMH) Directorate

It has been eight years since the last formal restructure of the Illawarra Shoalhaven Local Health District (ISLHD). As part of the restructure in 2015, the Chief Executive introduced the role of the Executive Director Integrated Care, Planning and Performance. The key focus of the Directorate was to integrate systems within and across all levels of care to improve coordination and continuity of care, and support the acute sector manage demand for hospital services. To achieve this, the following functions underwent significant realignment:

- Ambulatory and Primary Health Care
- Drug and Alcohol Service
- Oral Health Service
- Public Health

The Directorate has continued to evolve since 2015, taking on the leadership and direction of Mental Health, and re-badging itself as *Integrated Care, Mental Health, Planning, Information and Performance*.

Recognising the need to review and reset the current ISLHD structure to ensure it is fit for purpose, the Chief Executive engaged Ernst and Young (EY) to conduct a SWOT of the current state and provide recommendations for a future state design. A final report was delivered in December 2022, which assisted the Core Executive Team with the design of the Tier 2 structure. A decision was made by the Chief Executive and Core Executive to take forward the organisational changes within a Project Framework. Phase 1 of the Organisational Design Project resulted in the Kids and Families Division and Community Aged Care function moving into the Directorate, and the subsequent renaming to *Integrated Community Services and Mental Health (ICSMH)*.

Phase 2 of the Project involves Directorate level restructures, including ICSMH, to ensure structures are configured in a way that reflect synergies with clinical services, professional groups and the ISLHD strategy. Initial focus for ICSMH will be the redesign of Ambulatory and Primary Health Care, and Public Health.

The scope of this restructure plan covers Public Health.

## 2. Public Health

### 2.1 Current State – Service Profile

Public Health provides health protection services to the ISLHD population, including notifiable disease surveillance, infectious disease outbreak investigation and control, immunisation activities (including the delivery of the adolescent school-based vaccination program), environmental health risk investigation and management and public health disaster preparedness and management. These activities are underpinned by statutory obligations in relation to the *Public Health Act 2010*, the *Public Health (Tobacco) Act 2008*, and the *Smokefree Environment Act 2000*.

Public health staff work closely with general practitioners, community nurses and hospital-based clinicians, pathology laboratories, schools and childcare centres, local councils, and other government agencies to protect the public.

### 2.2 Reason for the Restructure

The 10-year vision for ISLHD includes an integrated healthcare system that supports people to stay healthy at their home and in their community. There is a key focus on strengthening services that support health close to people's homes, with an emphasis on prevention of illness and working with partners that contribute to community wellbeing. To manage this, ISLHD must capitalise on opportunities to re-organise and realign the preventative health programs offered by the District. This can be achieved through:

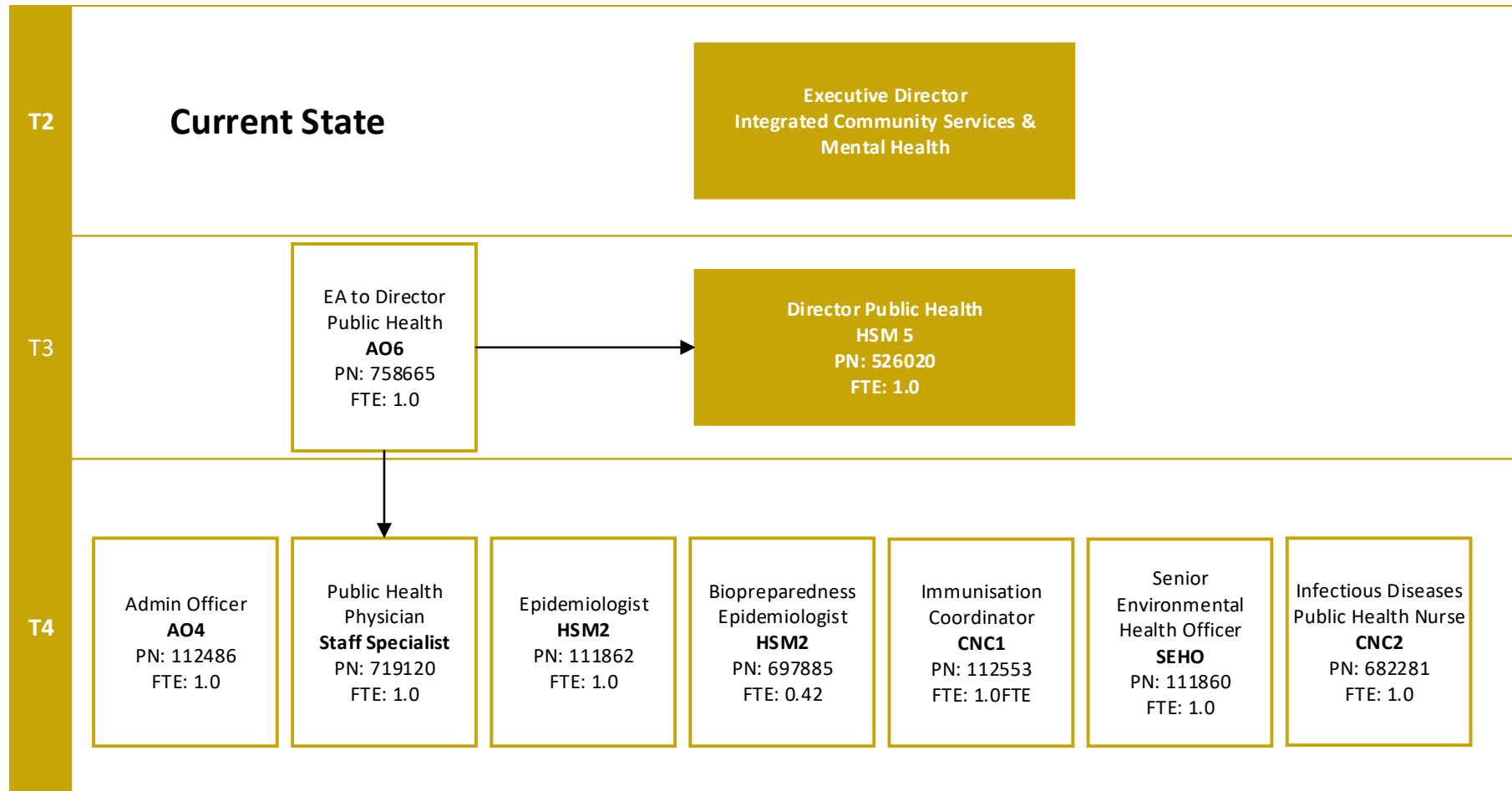
- Changes to the organisational structure of Public Health
- Realigning and streamlining services and programs to increase efficiency, and accessibility for our consumers.

The table below outlines the proposed changes to the Public Health structure, the rationale for the changes, and benefits/impacts on services.

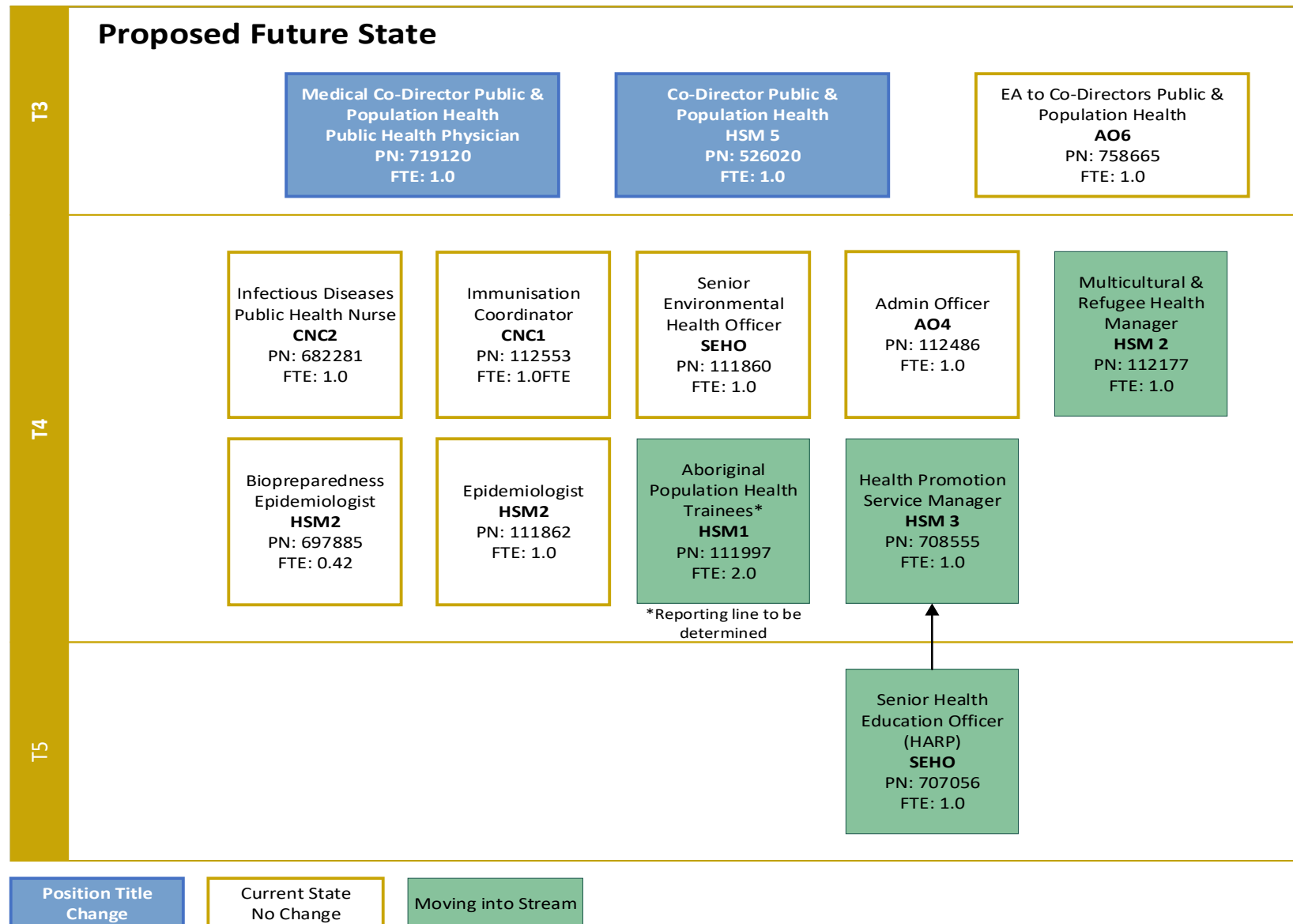
Function/Stream/Role	Proposed Changes	Rationale for Changes & Benefits/Impacts on Services
Director Public Health	Director position title change to Co-Director Public & Population Health	Title change more accurately reflects the work of the role; future-proofed for further expansion/realignment of services; alignment with district-wide models and titles. Responsibility for public health legislative requirements; operational and financial responsibility.

Function/Stream/ Role	Proposed Changes	Rationale for Changes & Benefits/Impacts on Services
Public Health Physician	Public Health Physician position title change to Medical Co-Director Public & Population Health	Title change more accurately reflects the work of the role; future-proofed for further expansion/realignment of services; alignment with district-wide models and titles. Responsibility for clinical governance of Stream.
Health Promotion Service Manager	Change of reporting line to Co-Director Public & Population Health	Change of reporting line to Co-Director Public & Population Health aligns the work of the role holder to a more logical function.
Multicultural & Refugee Health Manager	Change of reporting line to Co-Director Public & Population Health	Change of reporting line to Co-Director Public & Population Health aligns the work of the role holder to a more logical function.
HIV & Related Programs (HARP) – Team Leader	Change of reporting line to Health Promotion Service Manager	Change of reporting line to Health Promotion Service Manager aligns the work of the role holder to a more logical function.
Aboriginal Population Health Trainees	Change of reporting line under Public & Population Health – reporting line to be determined	Change of reporting line under Public & Population Health aligns the work of the role holder to a more logical function.

## 2.3 Public Health Organisational Structure – Current State



## 2.4 Public and Population Health Organisational Structure – Proposed Future State



## 2.5 Affected Staff


It is proposed that the following position/s will be re-titled as part of the restructure:

	Current Position Title	Current Classification	Proposed Classification	New Position Title	FTE
1.	Director Public Health	HSM 5	HSM 5	Co-Director Public & Population Health	1.0
2.	Public Health Physician	Staff Specialist	Staff Specialist	Medical Co-Director Public & Population Health	1.0


It is proposed that the following position/s will change reporting lines as part of the restructure:

	Current Position Title	Currently reporting to	Proposed reporting to	Classification	FTE
1.	Health Promotion Service Manager	Stream Lead – Integrated Care and Priority Populations	Co-Director Public and Population Health	HSM 3	1.0
2.	Multicultural & Refugee Health Manager	Stream Lead – Integrated Care and Priority Populations	Co-Director Public and Population Health	HSM 2	1.0
3.	Senior Health Education Officer (HARP)	Manager Allied Health – D&A	Health Promotion Service Manager	SEHO	1.0
4.	Aboriginal Population Health Trainees	Director Ambulatory & Primary Care	Public & Population Health – reporting line to be determined	HSM 1	2.0

## 2.6 Current and Proposed Position Descriptions (PD)

Current Role Title and Current PD	Revised Role Title and PD
Director Public Health  PD Director Public Health.doc	Co-Director Public & Population Health (non-medical)
Public Health Physician	Co-Director Public & Population Health (medical)



 PD_PublicHealthPhysician.pdf	
-------------------------------------------------------------------------------------------------------------------	--

## 2.7 Timetable for Implementation

Action	Date
Affected staff advised	12 February
All communication email issued; will include a copy of the Restructure Plan and new Position Descriptions	12 February
HSU/NSWNMA/ASMOF advised of restructuring proposal for consultation with members	12 February
Meeting with Union and staff (if required)	Between 12 Feb and 23 Feb
Consultation period closes – 2 weeks	25 February
New structure finalised taking account of feedback – approved by Executive Director	27 February
Team meetings held to advise/inform: <ul style="list-style-type: none"> <li>Overview of feedback received and reviewed during consultation period</li> <li>Outcome</li> <li>Next steps</li> </ul>	From 1 March
Individual 1:1s held with affected <b>permanent</b> staff – letter provided, and options discussed	From 1 March
Individual 1:1s held with affected <b>temporary</b> staff – letter provided, and options discussed	From 1 March
Issue details to team for candidates to apply for newly created positions via standard recruitment processes	Week commencing 4 March
Application closed	2 weeks after advertising
Shortlisting completed	Week commencing 18 March
Interviews completed	Week commencing 18 March
Confirm successful candidates	Week commencing 18 March
Excess staff managed in accordance with the <i>Managing Excess Staff of the NSW Health Service</i> and in accordance with the NSW Government Workforce Mobility Placement Policy	Week commencing 25 March
Advertise any residual vacant roles	Week commencing 25 March
Final organisational charts operational	To be confirmed

## 2.8 Consultation with Industrial Organisations

The Health Services Union (HSU), the New South Wales Nurses' and Midwives' Association (NSWNMA) and the Australian Salaried Medical Officers Federation (ASMOF) will be notified of the proposal and provided with the Restructure Consultation Paper, as well as an opportunity to comment on the proposal.

## 2.9 Information Sessions for Staff

This Restructure Consultation paper and the draft position descriptions will be released for consultation for two weeks. Staff that would be significantly impacted by the proposals set out in this document have been contacted individually and advised of the proposed changes. The Executive Director Integrated Community Services and Mental Health will consider feedback from all staff members. Written feedback should be provided to Angela Park, Workforce Support Manager via email [Angela.Park@health.nsw.gov.au](mailto:Angela.Park@health.nsw.gov.au).

## 2.10 Possible Effects on EEO Groups

Nil

## 2.11 Counselling and Vocational Assessment Services for Staff

The affected employees will be provided with support by the Workforce Support Manager during the restructure process.

Staff are reminded of the availability of the [Employee Assistance Program](#) that can be accessed by phone on 1300 687 327. The number is answered 24 hours per day, seven days per week and facilitates enquiries and booking requests.

## 2.12 Estimated Staff Redeployment

If required, staff will be supported to be redeployed within the new structure or elsewhere within the district, in accordance with the NSW Government Workforce Mobility Placement Policy.