ACT Government | Canberra Health Services

Canberra Health Services

Mental Health, Justice Health and Alcohol & Drug Services Realignment Evaluation

Finalisation Proposal

Consultation Document
December 2022

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Background

In 2021, The Division of Mental Health, Justice Health, and Alcohol & Drug Services (MHJAHDS) underwent a structural realignment. The key purpose of the realignment was to closely align the Division's structure to the existing Canberra Health Services (CHS) structure with the following key messages of communication during the realignment process:

- This realignment will better align the Division of MHJHADS with the rest of CHS to support better communication across the services in relation to organisational change and service improvement
- This realignment will support a focus on the interfaces between the service areas hence supporting a better experience for consumers
- It will support the provision of high-quality care to patients and less variation in practice, by making the professional leads within the Division responsible and accountable for the standards of clinical care provided to our consumers.
- It will help to achieve a more positive staff culture by supporting better education and training opportunities for staff, more variety in roles due to the ability to work across different areas of the service, and gain additional skills and expertise

It is important to note Justice Health Services (JHS) and Alcohol & Drug Services (ADS) were deemed out of scope for phase one of the realignment. Phase two was not scoped or commenced.

A copy of the current MHJHADS organisational structure, has been provided at Appendix 1 and a copy of the current Director of Clinical Services (DOCS) portfolio structure has been provided at Appendix 2.

Evaluation

Scope

The purpose of evaluating the Division's structural realignment was to reflect on the changes made, to quantify the efficacy of the new structure and finalise the process. It was anticipated the feedback would shape the way forward for MHJHADS, ensuring governance structures are aligned with the rest of the organisation, and managerial and leadership functions provide support across the Division; thereby making MHJHADS a great place to work with services that deliver safe, high-quality, and person-centred care.

The realignment evaluation focused on the entire MHJHADS Division, including JHS and ADS. A wholistic approach to appraising the entire structure would not only address the intentions of a second phase, but it would simultaneously ensure a consistent approach to finalising governance structures while developing and supporting staff to deliver good care across the Division. Further, this approach would minimise any risks associated due to further delays in evaluation.

In the event that additional issues relating to the structure, governance or equity in workloads were identified, they would be addressed concurrently with this evaluation process.

The evaluation methodology involved a qualitative design that invited anonymous feedback from MHJHADS team members as well as other interconnected CHS Divisions, and industrial partners.

Method

All staff within MHJHADS were invited to provide feedback on the realignment process as well as the newly implemented structure. For JHS and ADS, team members within these services were invited to provide feedback based on their current structures. The mechanism for capturing this qualitative feedback was an anonymous free-text survey monkey questionnaire with the following prompts:

- Has the realignment achieved the intended aim?
- What are some key reflections that you would like to share from this?
- Were there any structural challenges not addressed?
- Do you have any feedback on finalised structure?

The rationale for anonymity was to ensure all team members received an opportunity to provide honest feedback and contribute to the process in a collaborative and inclusive way. As a result, and to protect the anonymity of our teams, their raw answers will not be published.

Within the wider CHS organisation, the Division of Medical Services, the Division of Nursing, Midwifery and Patient Support Services (NMPSS), and the Office of the Executive Director Allied Health support the professional development and leadership of our medical practitioners, nurses, and allied health professionals respectively. As a result, the below questions were posed to each Division:

- What are the key reflections that you would like to share from the MHJHADS realignment process?
- Do you have any feedback on MHJHADS' professional leadership efficacy?
- Do you have any feedback on our finalised structure?
- Have you identified any barriers to a collaborative working relationship between MHJHADS and your teams?
- If yes to the above question, what are the challenges?

Remaining interconnected CHS Divisions and MHJHADS' industrial partners all received the following prompts:

- What are the key reflections that you would like to share from the MHJHADS realignment process?
- Do you have any feedback on our finalised structure?
- Have you identified any barriers to a collaborative working relationship between MHJHADS and your teams?
- If yes to the above question, what are the challenges?

Respondents and Analysis

In total, there were 61 respondents. For team members within MHJHADS, 53 responses were received via survey monkey, with an additional two received via email. The remaining six responses were received from the Division of Medical Services, the Division of NMPSS, the Office of the Executive Director Allied Health, the Office of the Chief Financial Officer (CFO), Division of Medicine (DOM), and People & Culture (P&C).

The Australian Nursing and Midwifery Federation (ANMF) sought clarification regarding the scope of professional leadership for the MHJHADS Director of Nursing (DON), to which advice was provided, however nil feedback was received regarding the prompts above.

All responses were reviewed and thematically analysed to identify common concepts that would not only highlight the outcome of the initial structural realignment but also inform the way forward for the Division. The MHJHADS Human Resources Business Partner reviewed and verified the raw data and analysis to ensure independence and transparency. Ideas, comments, and concepts that were present in 10% of responses constituted a theme. For those that were present in 8% of responses, they were noted separately for consideration.

Findings

There were three themes generated from the analysis, each with several sub-themes. A copy of the thematic analysis has been provided at Appendix 3.

The first theme, *realignment intention and outcome*, suggests a large proportion of respondents do not feel that the intention of the structural alignment has been met. This presents an opportunity for MHJHADS to acknowledge the positive aspects of the realignment that can be expanded upon, as well as address aspects that may require further refinement. An additional area for MHJHADS to consider is how to strengthen transparency and accountability of this process through consultation and communication. It is acknowledged that a significant number of respondents feel that the realignment has negatively impacted workplace culture within MHJHADS. While this is concerning, MHJHADS will acknowledge the feedback and drive improvement to ensure our team members not only feel heard but can contribute to a culture of progression and growth. Providing the themes of this evaluation is a demonstration of our commitment to this.

The second theme, *workforce*, highlights how important the MHJHADS structure is in supporting clinical leadership capacity and visibility, administrative leadership, Divisional education and workforce development, and equity in managerial workloads. A few respondents acknowledged that the realignment strengthened the visibility of our clinical leadership roles (Director of Nursing (DON), Director of Allied Health (DAH) and Director of Clinical Services (DOCS)), while others perceived the additional operational responsibilities within their respective areas to be too great. As a result, the proposal to finalise the realignment will see some refinements to the structure that will maintain clinical leadership visibility and create greater capacity to focus on Divisional workforce development and support.

The third theme, *structure*, highlighted some key learnings that have guided further refinements to the structure. Main points relate to the separation of clinical and strategic functions, ensuring governance structures support an improved way of working and the importance of service integration within the Division. There were specific suggestions present in this theme, namely the reallocation of patient flow and Dhulwa Mental Health Unit. Other suggestions that did not constitute a theme but have been considered in the development of this proposal is the reallocation of Intake Services (PACER, HAART and Access) to the Adult Community Mental Health Services (ACMHS) program area, and the acknowledgement of sub-specialities within the Division.

It is important to note the recent findings of the Dhulwa Inquiry also recommend Dhulwa Mental Health Unit be returned to the Justice Health Services (JHS) program area and commented on the need to further clarify the relationship between Dhulwa Mental Health Unit and Gawanggal Mental Health Unit. This will be further explored as part of the phased implementation plan.

Recommendations

Concepts

As previously stated, this evaluation process seeks to finalise the structural realignment that occurred in 2021. As a result, the below concepts have been developed following the analysis of feedback and will guide the proposed structural refinements:

- Clinical leadership capacity to focus on workforce development and support
- Medical leadership that is aligned to service leadership through duality of governance and acknowledgement of sub-specialties
- Reallocation of clinical and strategic portfolios from the Territory Wide Mental Health Services (TWMHS) program area
- Alignment of strategic capacity to Executive Director, through the Senior Service and Transformation Director
- Return Dhulwa to the JHS program area aligns the unit with other specialised forensic mental health services and the Dhulwa Inquiry findings
- Acknowledgement of core service delivery within the community, including intake to the service
- Visibility and strategic connect for Aboriginal and Torres Strait Islander Wellbeing Teams within MHJHADS

Proposal

A copy of the proposed organisational chart has been provided at Appendix 4. Recognising the above concepts, the proposed organisational chart reflects the following proposed structural refinements:

- Re-establishment of an Operational Director for Adult Inpatient Mental Health Services (AIMHS)
- Acknowledgement of DON's organisational reporting requirements relating to adult inpatient mental health units.
- Reallocation of Mental Health Consultation Liaison to the AIMHS
- Reallocation of Patient Flow to AIMHS
- Reallocation of Gawanggal Allied Health team to AIMHS
- Reallocation of Adult Mental Health Rehabilitation Unit Allied Health team to AIMHS
- Acknowledgment of responsibilities relating to coordination of Acacia Medical Cover
- Consolidation of medical and operational leadership for mental health rehabilitation services
- Introduction of an Admin and Data Manager for AIMHS
- Reallocation of Mental Health Services for People with Intellectual Disabilities to Child and Adolescent Mental Health Services (CAMHS) to reflect other lifespan services in CAMHS
- Reallocation of Dhulwa Mental Health Unit to JHS
- Acknowledgment of the JHS Primary Health sub-specialty
- Reallocation of the Therapies team to ACMHS
- Reallocation of the Neuropsychology team to ACMHS
- Acknowledgment of the Older Persons Mental Health sub-specialty
- Acknowledgement of the need for dedicated medical leadership within Intake Services
- Reallocation of the Tribunal Liaison Team to Legal Policy
- Reallocation of the strategic portfolios under the Senior Service and Transformation Director
- Acknowledgement of MHJHADS' inter-Divisional relationships

It is important to note the evaluation process identified nil issues with the ADS structure, however MHJHADS recognises there are opportunities to review the ADS models of care and benchmark

against other jurisdictions. In addition, it was identified that the CAMHS internal structure is different to other program areas within the Division. This will be further explored through CAMHS growth planning mentioned as part of next steps.

Next steps

MHJHADS is committed to driving improvement, both for our team members and our consumers. The below items outline the key focus areas for MHJHADS in 2023. It is important to note these items

- Focus on workforce development
- Focus on improvement and use of data to drive this
- Improve service integration and collaboration between program areas within MHJHADS
- Strengthen governance structures with leaner systems that ensure the provision of safe, high quality and person-centred care
- Older Persons Mental Health Service planning, looking at future models
- Strengthen the provision of culturally safe and appropriate care, including greater support for Aboriginal and Torres Strait Islander Wellbeing Teams within MHJHADS
- Respond to and implement agreed recommendations following the Dhulwa Inquiry report
- Detainee health and wellbeing through AMC service reform
- Review ADS models of care to benchmark service delivery and demand
- Evaluate ACMHS model of care including Access
- CAMHS growth and subsequent service planning

Consultation

The consultation period for these proposed refinements will commence Friday 9 December 2022, and close Friday 6 January 2023.

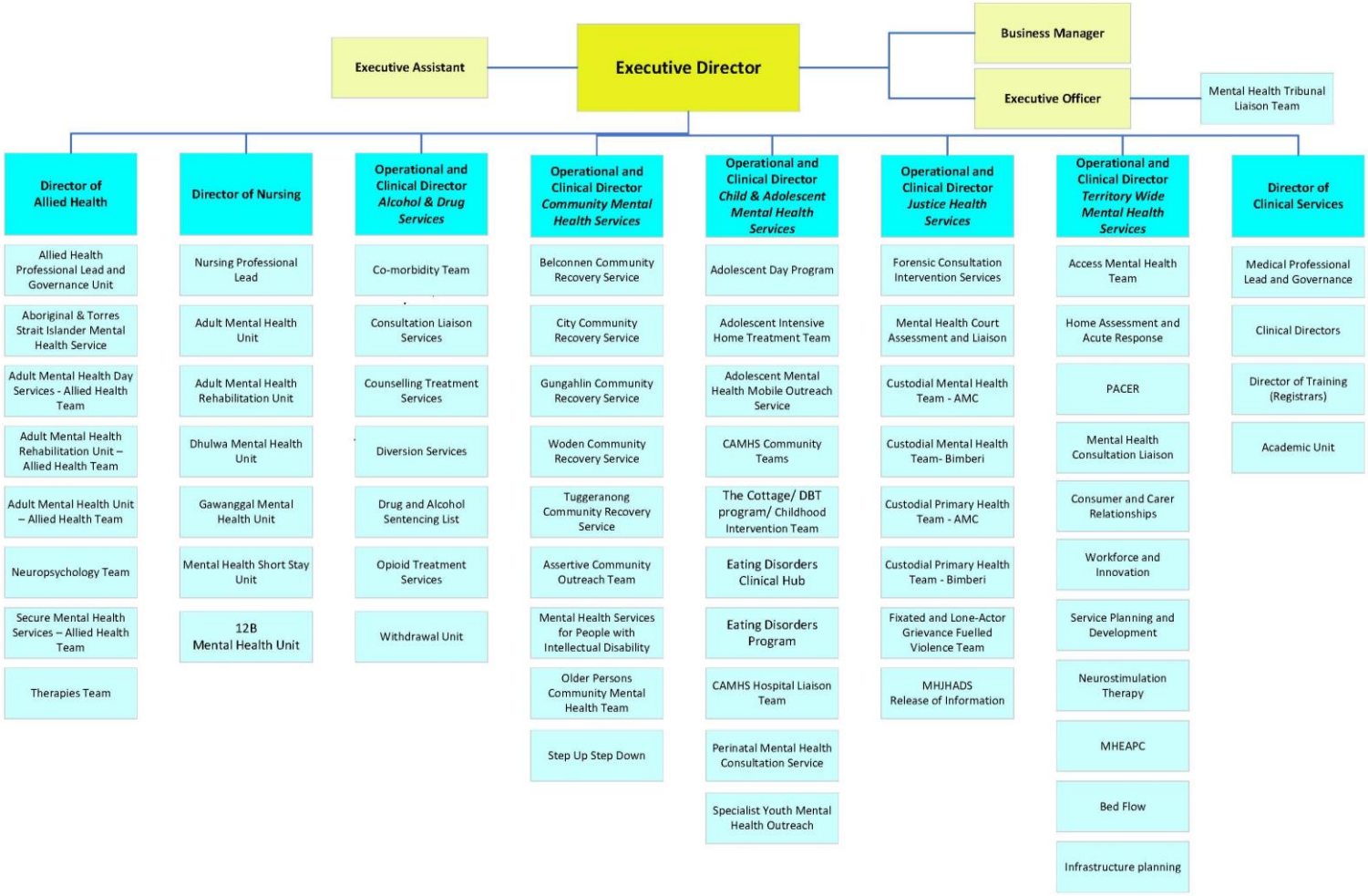
Key stakeholders for consultation include all MHJHADS team members, interconnected CHS Divisions, and MHJHADS' industrial and community partners.

Acknowledging this proposal will directly impact some MHJHADS team members through a change in reporting lines, these staff members will be individually contacted and offered meetings to further discuss the proposal.

Following the consultation period, and taking into account feedback received during this time, a phased implementation plan will be developed to ensure sufficient support is provided to impacted staff as well as the wider Division. MHJHADS is committed to transparency, and will maintain the provision of safe, high quality and person-centred care throughout the implementation of any proposed changes.

Appendices

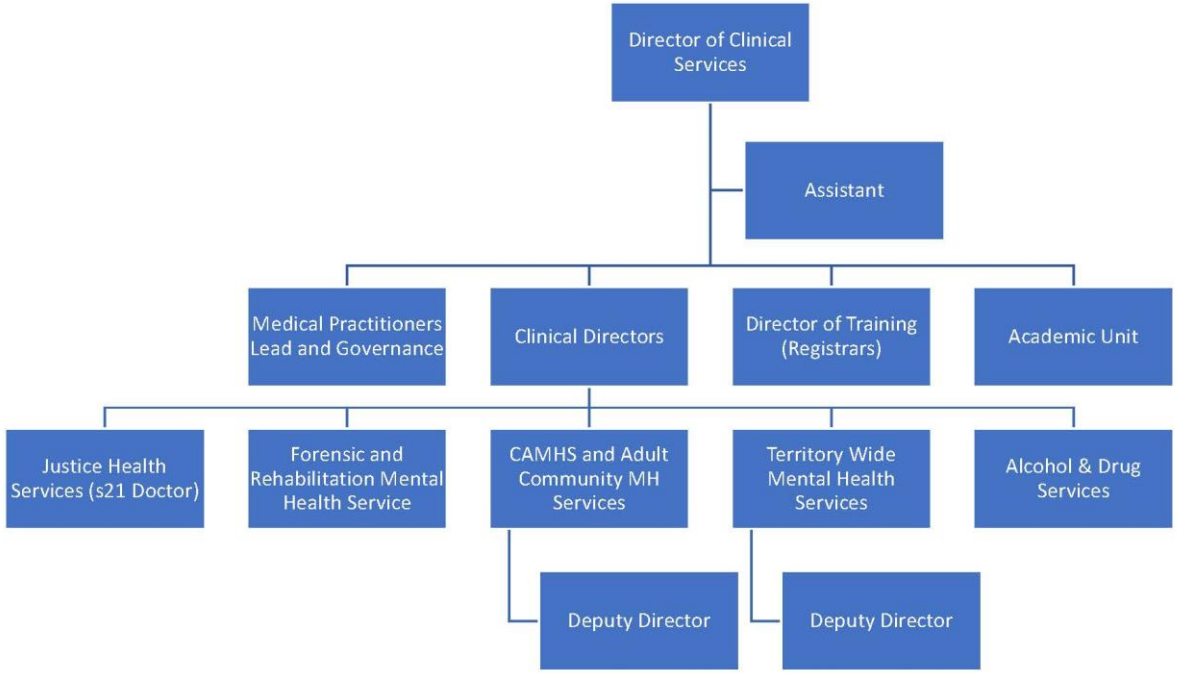
Appendix 1 – Current MHJHADS Organisational Chart



Appendix 2 – Current MHJHADS DOCS Portfolio Structure

MENTAL HEALTH, JUSTICE HEALTH AND ALCOHOL & DRUG SERVICES

Director of Clinical Services Portfolio Structure



Appendix 3 – MHJHADS Realignment Evaluation Thematic Analysis

Theme	Sub-Theme	Meaning	Respondents	%
Realignment intention and outcome	The realignment did not achieve its intended aim	Feedback suggests the intention of the structural realignment has not yet been met, as yet	Respondents: 1, 3, 5, 6, 9, 11, 12, 13, 15, 16, 18, 20, 22, 25, 26, 28, 29, 31, 32, 33, 35, 36, 37, 39, 40, 41, 42, 43, 44, 45, 46, 49, 50, 51, 52, 61	59.0%
	The realignment neither did nor did not achieve its intended aim	Based on feedback received, their opinion was unclear or not stated	Respondents: 2, 4, 10, 14, 17, 19, 21, 23, 24, 27, 30, 34, 38, 53, 54, 55, 56, 57, 58, 59, 60	34.4%
	Transparency and Accountability	Feedback suggests the realignment purpose was not clear and the implementation, and consultation processes could have been strengthened	Respondents: 3, 4, 6, 7, 10, 11, 14, 16, 17, 18, 20, 21, 24, 25, 26, 28, 33, 34, 36, 39, 50, 51, 52, 53	39.3%
	Workplace culture	Feedback suggests the realignment has negatively impacted workplace culture within MHJHADS	Respondents: 4, 6, 10, 11, 15, 17, 20, 21, 24, 26, 36, 38, 39, 41, 44, 45, 54	27.9%
Workforce	Clinical Leadership	Based on feedback received, there is a perception that the current operational responsibilities placed on the DON, DAH and DOCS, within their respective program areas, has impacted their capacity to provide clinical leadership and governance across other areas within the Division. Feedback suggests this in turn impacts the professional development of our nursing, allied health, and medical professional groups as well as the workforce attraction and retention. Visibility of the DON, DAH and DOCS needs to remain high and their clinical leadership responsibilities need to be captured in the organisational chart	Respondents: 1, 3, 9, 15, 17, 18, 19, 20, 21, 24, 29, 50, 51, 52, 53, 54, 61	27.9%
	Administrative Leadership	Feedback suggests administrative leadership needs to be considered as it is a key component of the MHJHADS functionality. Feedback also suggests a centralised administrative structure is required that supports staff working across the Division and creates professional pathways	Respondents: 17, 18, 21, 45, 46, 51, 53	11.5%
	Education and rotation of staff	Based on feedback received, education and training opportunities continue to be a gap for the division. Respondents were passionate that addressing these will not only strengthen our workforce's capabilities, but it will also support a transient workforce that can move through the division to meet service demand or workforce pressures	Respondents: 3, 15, 17, 18, 21, 23, 24, 25, 28, 37, 38, 39, 41, 49, 50, 51, 52, 53, 54	31.1%
	Equity in managerial workloads	Feedback suggests workloads amongst managers within the Division are inequitable	Respondents: 15, 21, 24, 26, 37, 38, 50, 52	13.1%

Structure	Division wide corporate Services	Feedback suggests greater focus is required to progress Divisional projects, workforce planning and strategy, research and other initiatives, and placement these strategic functions within the Territory Wide Mental Health Services program area should be reconsidered	Respondents: 3, 8, 9, 14, 15, 17, 18, 21, 22, 23, 24, 25, 33, 45, 49, 50, 52, 54	29.5%
	Governance	Feedback suggests the structure should support good clinical and corporate governance. Feedback also suggests a review of the current Committee structure may be required	Respondents: 10, 17, 22, 28, 31, 36, 37, 38, 39, 43, 49, 50, 52, 53, 54, 57	26.2%
	Siloed Services rather than integrated services	Feedback suggests services within the Division remain fragmented from each other, particularly for those who work off campus or in different program areas.	Respondents: 10, 13, 17, 18, 21, 22, 24, 25, 26, 28, 29, 31, 32, 33, 35, 36, 37, 38, 39, 40, 46, 50, 51, 52, 53, 61	42.6%
	Patient Flow	The current structure impacts the patient journey and has impacted the delivery of the relevant models of care, and interface between teams. The placement of patient flow within the Territory Wide Mental Health Services program area should be reconsidered	Respondents: 3, 10, 15, 17, 18, 31, 49, 50, 53, 57	16.4%
	Dhulwa Mental Health Unit	Feedback suggests the placement of Dhulwa within the DON program area needs to be reconsidered. Suggested way forward included returning Dhulwa to the Justice Health Services program area to strengthen the unit's access to specialised forensic clinical leadership (including nursing, allied health and medical)	Respondents: 1, 12, 17, 21, 24, 26, 52	11.4%

Appendix 4 – Proposed MHJHADS Organisational Chart