

Mental Health Service Management Restructure

Older People's Mental Health Service Consultation Liaison Psychiatry Team

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Executive Director Integrated Care

Acknowledgement



We acknowledge the Gadigal people of the Eora nation, the traditional owners and custodians of this land on which we walk, work and meeting today. We acknowledge that they have occupied and cared for these lands over countless generations, and we celebrate their continuing contribution to the life of this region.

Objectives





To Support the vision and strategy of the service.



To improve patient care and patient experience across the service.



To enable best practice governance models and management structures to support the rapidly expanding service.



To support high calibre leadership, research, innovation and service delivery for our patients, staff and referrers in the future.

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Vision



Our vision is to provide accessible, responsive and personalised services to meet the mental and physical health needs of our population when they or their loved ones experience, or at risk of experiencing a mental health problem. The vision drives a focus on 'personal', with patients, their families and caregiver network centre to the integrated model of care.

Providing person-centered and person-led services that meet the needs of our population.

Ensuring coordination and integration with other health and care services.

Responding to the needs of families /caregivers and providing clear information on what to expect.

Striving to deliver services that seek to prevent the onset or advancement of mental ill health.

Organizing services to be cost-effective and deliver value for the payer, whether they are public or private.

Navigating other health services to appropriate mental health support, ensuring they consider the mental health needs of their consumers.

Accomplishing the highest standards of clinical practice, through motivated and engaged teams.

Leveraging our research capabilities and translating world-leading research into our clinical practice.



Challenges



There are number of significant challenges faced in Mental Health Service including:

- High volumes of out of area patients putting pressure on beds and mental health resources, on average 50% of patients presenting are out of area.
- A shortfall in mental health specialist staffing across a range of disciplines within the service.
- A management structure that does not enable optimal team management.
- The current mental health service manager has a significant number of direct reports
 resulting in restricted capacity to support the professional development of staff in
 the OPMHS and CLP team.

These challenges paired with the expanding Mental Health Service poses a need for restructure that is directly in alignment with the Mental Health Strategic Plan.

Background



- The Mental Health Service has seen significant growth in the past 3 years.
- There have been enhancements to the service in the form of new teams of Towards
 Zero Suicides Initiative, PACER, enhanced therapeutic services, Digital Health and
 Community Access and Assessment Team.
- In addition there has been a permanent enhancement in both the PECC service and the Older People's Mental Service.

FTE / Service Growth

- Since 2018 the Mental Health Service has grown from 160 staff over 130 FTE to over 200 staff over 160 FTE in 2021. Over the past 3 years 20.2 FTE has been established via externally funding sources.
- A key priority for the Mental Health Service is to ensure that the service can continue to sustainably grow and strengthen pre-existing teams and partnerships.

Overview of the Restructure

The scope of the restructure includes:

- Consultation Liaison Psychiatry (CLP) Services.
- Older People's Mental Health Service (OPMHS).
- Introduction of new management position
- Changes to current reporting lines.

The key drivers for the restructure are:

- Enhancing leadership and governance structures across the service to provide better support to the workforce and better client focused care due to expanding of the service and various teams.
- Alignment of the service with SVHA, SVHNS and MOH strategic priorities (Mental Health Strategic Plan, envision 2025, Virtual Care telehealth service and departmental priorities of Integrated Care).
- Amplified demand for service and research innovation.

Benefits of the Restructure

- Enhanced patient experience.
- Better professional support to the workforce.
- Enabling Mental Health Service growth and sustainability.
- Improve service delivery, governance models and leadership.
- Supporting service innovation and research.
- Current management structure is unsustainable and new position will better support individual and team professional development.

Key Messages

- No reduction in mental health service FTE.
- Introduction of new management position (repurposing of vacant CNC 1FTE position).
- Professional reporting lines will remain in alignment for medical workforce.
- Nursing professional reporting line is through the MH Service Manager and IC Stream Manager
 roles (both senior nursing positions in the structure)
- Administration staff will be aligned to the IC Administration Manager to provide support.
- IC Administration Manager change of reporting line to ICH Stream Manager
- Primary realignment of reporting lines for nursing and allied health to support growing demand.
- · Enhanced support for professional development

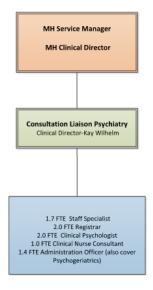


Current Organisational Chart

Current organisational chart for Mental Health Service 2021

St. Vincent's Hospital
Consultation Liaison Psychiatry and Older People's Mental Health Service
April, 2021









Current Organisational Chart

Current organisational chart for Mental Health Service 2021



St. Vincent's Hospital, Mental Health Services Overview Organisational Chart





Main Changes to the Overall Service

Regraded Positions

Specialist Mental Health Programs Manager

- > The regrading of existing position is in direct alignment with the Mental Health Strategic Plan.
- It enhances the management structure of the mental health service and will provide more effective management for the clinicians in the OPMHS, CLP Team and Eating Disorders



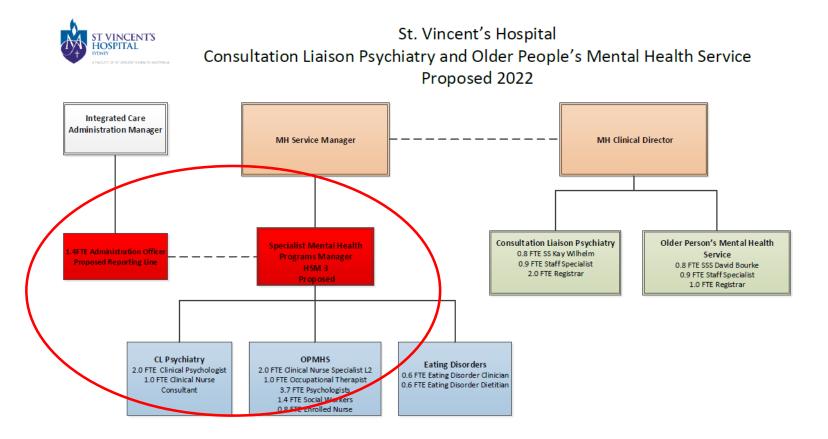
Main Changes to the Overall Service

Reporting Line Impacts	Current Reporting Line	Future Reporting Line
CLP and OMPHS Clinical Psychologists	Mental Health Service Manager/Consultation Liaison Psychiatry Senior Staff Specialist	Specialist Mental Health Programs Manager
CLP Clinical Nurse Consultant	Mental Health Service Manager/Consultation Liaison Psychiatry Senior Staff Specialist	Specialist Mental Health Programs Manager
CLP and OPMHS Administration Officers	Consultation Liaison Psychiatry Senior Staff Specialist	Integrated Care Administration Manager
OPMHS Clinical Nurse Specialist	Mental Health Service Manager	Specialist Mental Health Programs Manager
OPMHS Occupational Therapist	Mental Health Service Manager	Specialist Mental Health Programs Manager
OPMHS Clinical Neuro Psychologists	Mental Health Service Manager	Specialist Mental Health Programs Manager
OPMHS Social Workers	Mental Health Service Manager	Specialist Mental Health Programs Manager
OPMHS Enrolled Nurse	Mental Health Service Manager	Specialist Mental Health Programs Manager
Eating Disorders Clinician and Dietitian	Mental Health Service Manager	Specialist Mental Health Programs Manager
Integrated Care Administration Manager	Director Integrated Care	Stream Manager Inner City Health



Proposed Organisational Chart

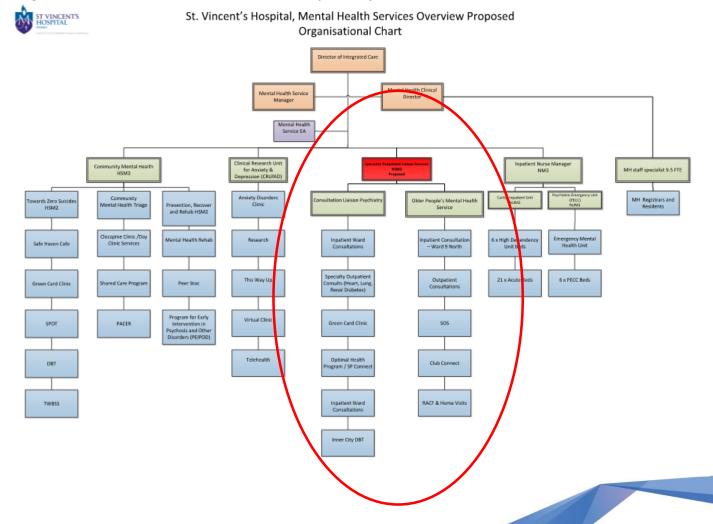
Proposed organisational chart for Consultation Psychiatry and Older People's Mental Health Service 2022





Proposed Organisational Chart

Proposed organisational chart for Consultation Psychiatry and Older People's Mental Health Service 2021





Communication

Туре	Description	Method	Frequency	
Industrial consultation	Proposal provided to industrial bodies for feedback	Email	Prior to staff meeting	
Staff Town Hall	Town hall with impacted staff	Meeting	After Industrial consultation	
Communications pack	Distribution of communications pack to all Mental Health staff	Email	Day of meeting	
Consultation	2 week period to provide feedback to provide insights to proposal	Email		
Staff Town Hall	Town hall with impacted staff post 2 week consultation	Meeting		
Advice to wider SVHNS on implementation	Communication to SVHNS on final design, impacts, changes	Email	Upon conclusion of consultation with staff impacted	
External communication on restructure	Communication to external stakeholders on final design, impacts, changes	Email	Upon conclusion of consultation with staff impacted	
Team meetings	Updates provided to Team Leaders / Service Managers from Stream Manager on progress	Meeting		



Stakeholders

Internal	Communications
Mental Health Staff	Meetings/Emails
Learning and Development Team	Email
Stream Managers	Email
Nursing Leadership Team	Email
Finance	Email
Patient, Safety and Quality Team	Email
People and Culture Team	Meeting
Communications and Media	Email
Senior Leadership Team	Approval

External	Communications			
Primary Health Network	Meeting			
Ministry of Health	Email			
Justice Health	Email			
Industrial Bodies	Letter			

Timeline

Task	26/04	3/05	10/05	12/05	16/05	June
Industrial consultation	Х					
Staff Town Hall	Х					
Staff Consultation (2 weeks)	Х	Х	Х			
Staff Town Hall				Х		
Position descriptions finalised				X		
Confirm implementation plan				X		
Recruitment					Х	
Go Live						Х

Support Available to Staff

- Line manager.
- Mental Health Service Manager & Clinical Director.
- Director Integrated Care.
- Human Resources.
- Industrial bodies.
- Employee Assistance Program.

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Next Steps

- Meetings with directly impacted staff have occurred.
- Staff will be able to provide feedback over the two week consultation period via email to sean.evans@svha.org.au or Dominic.lelievre@svha.org.au
- Following consultation, all feedback will be considered in the restructure & updated as required.
- Position descriptions will be finalised in collaboration with HR and professional leads.
- Recruitment for relevant positions will take place upon conclusion of consultation

FAQ



• Will there be a reduction in FTE?

There is no reduction in overall FTE, however there will be re purposing of existing vacant front line positions.

Who is my manager?

Please see the attached reporting structures for each service.

· Will my daily work duties change?

There will be no change to your regular work duties.

· Will I remain in the same stream?

Yes, all positions remain in the Integrated Care Stream (Inner City Health).

Where should I send my feedback?

Dominic Le Lievre – Executive Director Integrated Care / Sean Evans – Mental Health Service Manager / Human Resources.

Email: sean.evans@svha.org.au or Dominic.lelievre@svha.org.au







15/03/2021