

# Northern Beaches Community Mental Health Services Adult Care Coordination - Realignment Proposal (Procedure reference PR2014\_016)

## Document control sheet

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## Stage 1 – Scope, Plan and Approval

### 1.1 The Need for Change

#### 1.1.1 Description of Service

The Northern Beaches Community Mental Health Service (NBCMHS) is a specialised community based Mental Health Service providing care to the residents of the Northern Beaches covering a catchment area from Manly to Palm Beach and extending out to Frenchs Forest as far as the Roseville Bridge. Northern Beaches population is forecast to grow from 268,463 in 2023 to 308,616 by 2041 (Source: Population and household forecasts, 2021 to 2041, January 2023).

The service is comprised of Acute Care Team, Police Ambulance Clinical Early Response (PACER), Assertive Outreach Team, Adult care coordination Service (Frenchs Forest Community Mental Health Team, Mona Vale Community Mental Health Team, Queenscliff Community Mental Health Team) and a specialist Older Persons Mental Health Team.

In early 2018, NBCMHS transitioned seven adult services (including the Early Psychosis Intervention Service (EPIS) which has since transitioned to the Child & Youth Mental Health Service (CYMHS)); into a centralised, integrated and networked hub at Brookvale Community Health Centre with a spoke model at Mona Vale Community Health Centre.

The three adult care coordination teams (Queenscliff, Mona Vale and Frenchs Forest) comprising of multi-disciplinary staff with a total of 19.91 FTE, currently manages a case load of 327 adult mental health consumers (as of Feb 2024).

Care Coordination is a therapeutic process for the provision of community mental health services with the aim of fostering and developing positive connection and engagement with consumers, their families and carers, within the context of a therapeutic relationship for the purpose of supporting mental health wellbeing and recovery.

The clinical pathway to Care Coordination on the Northern Beaches can occur through a number of avenues such as a referral from a NSLHD acute or non-acute inpatient unit, Emergency Department, Mental Health Line (MHL) or direct referral to a community mental health team.

When referral is accepted for care with one of the adult care coordination teams, consumers are allocated a Care Coordinator. The process of Care Coordination occurs within the context of a therapeutic relationship and within a recovery oriented, trauma informed framework. Psychological and psychosocial therapeutic approaches are used in such a way that best fits the needs of the consumer. The 3 adult care coordination teams work under a multi-disciplinary team model providing medium to long term care (greater than 13 weeks or as clinically indicated) with referral on to other services both internally (ACT/Older Persons/AOT) and externally within the community including Community Managed Organisations (CMO's) and General practitioners (GP's) and private practitioners.

The multi-disciplinary teams are made up of; Psychiatrists (senior and junior medical officers), Nursing, Psychologists, Occupational Therapists, Social Workers, Peer Workers and Administrative staff. Northern Beaches Community Mental Health services are provided

from Brookvale and Mona Vale Community Health Centre or at individuals' home or community setting. Hours of operation are Monday to Friday from 8.30am to 5.00pm with afterhours follow up for those assessed 'at risk' provided by the Acute Care Team (ACT) and those with complex care needs by the Assertive Outreach Team (AOT) from 0800-2200 hours 7 days a week/365 days a year).

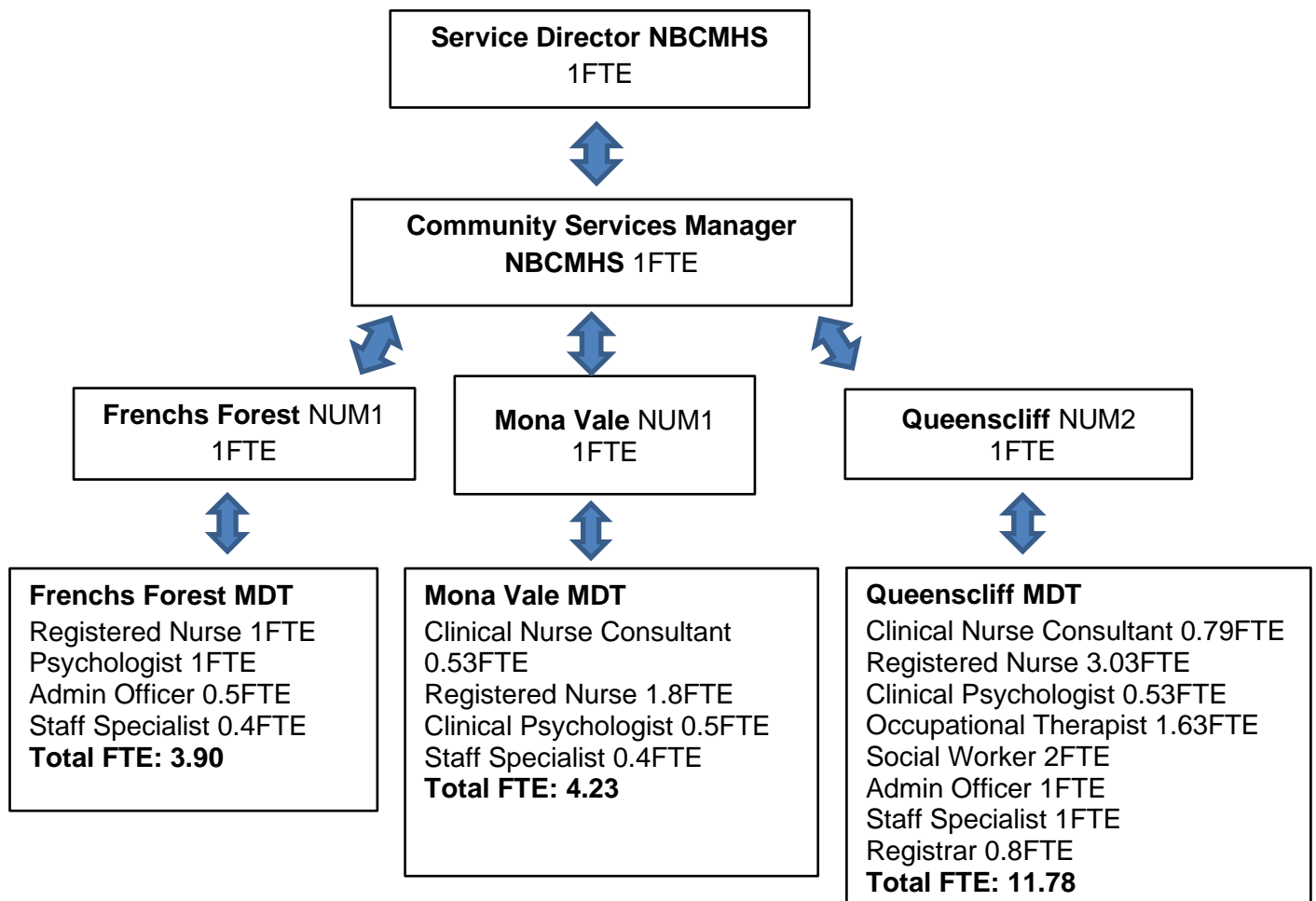
The model of care provided by Care Coordinators includes Case Management, Intake, Triage and Assessment, medication, Clozapine, Psychosocial and Psychological Therapies, and linkage and referral to other providers (community managed organisations, general practitioners, Specialist Rehabilitation Services (SRS), NSW Housing and NDIS providers, private social support and health providers).

### 1.1.2 Background

Following the successful transition from Manly Hospital to the Northern Beaches Brookvale Community Health Centre, NBCMHS is now in a position to implement the model of care to integrate the 3 acute care coordination teams to achieve standardisation. This change requires re-alignment of the 3 acute care coordination teams under single governance.

### 1.1.3 Current Structure of Adult Care Coordination Teams

The current structure consists of 3 Adult Care Coordination Teams: Frenchs Forest, Mona Vale and Queenscliff which were historically located and covered these geographical areas prior to co locating at Brookvale Community Health Centre in 2018.



**Total FTE of the Acute Care Coordination Team = 19.91**

## 1.2 Realignment Plan

### 1.2.1 Reason and Purpose of the Realignment

- Northern Beaches Community Mental Health Teams were previously located at several sites across the Northern Beaches however are now integrated and co-located at Brookvale Community Health Centre.
- Two of the three Adult Care Coordination teams have a staffing establishment of 5 FTE or less which poses a number of challenges managing annual leave, sick leave, study leave, professional development and contemporaneous service provision that is evidence based etc. Due to the small size of these MDT's, this results in decreased resilience and ability to ensure provision of care that is consistent with best practice when staff are on leave both planned and unexpected. This can result in an issue with case load management and potentially the teams may be unable to accept new referrals due to the staffing levels with flow on to the ACT who are required to maintain the consumer till capacity within the care coordination team.
- The teams (QC, MV, and FF) each operate under different care coordination models of care due to differing staffing compositions and skill mix which leads to fragmentation and inequity in service provision to the community depending on geographical location or post code.
- Creating a consistent Adult Care Coordination Model of Care and approach will enable the NBCMHS to provide a more flexible, responsive recovery-orientated, trauma informed and person-centred care that supports teams to use strengths-based approach to care coordination that is not restricted by team size and skill mix.
- The alignment of the teams will decrease the current caseload ratio (29:1 FF, 19:1 MV, 24:1 QC) for consumers to clinicians to 24:1 – there is scope as part of the model to review allocations with consideration of complexity, rather than purely on numbers.
- Allied Health are a core part of existing teams however there are currently no senior management roles within NBCMHS to enhance professional development and capabilities.
- Historically the Adult Care Coordination teams have provided care that has been predominantly facility based with variances in degrees of outreaching into the community due to limited and fragmented capacity dependent on the size and culture of the team. With the proposed realignment there will be a greater capacity to ensure services are delivered in response to consumer and clinical need and with options of both in reach and outreach across all teams.
- The strength of an MDT is the ability to provide a number of clinicians with varying experience and expertise and this is broadened by aligning the teams together and ensuring that the smaller teams have greater depth.
- Adult Care Coordination administration support functions can be more efficiently and effectively utilised with the proposed realignment of the team to support operational and whole of service needs, enabling the development of standardized and more efficient and streamlines administration processes and work practices - working as one team - building capacity and capability to support service provision.

### 1.2.2 Direct Impact upon current staffing

There are 3 positions within the current staffing establishment that will be directly impacted by the proposed realignment:

1. Queenscliff NUM 2 position – proposed to be changed to a NUM 3/ Health Manager L3 due to increased staff FTE reporting into this position. Direct appointment of the incumbent under *Restructuring in NSLHD procedure (PR2014\_016)* is proposed.
2. Frenchs Forest NUM 1 position – proposed to become a Care Coordination position, with the incumbent managed as per Managing Excess Staff NSW Health policy (PD2012\_021). This proposal may also include a transitional period into a new role for the incumbent.
3. Mona Vale Team Leader position – currently vacant and under the proposed realignment would become a Senior Allied Health position to meet previous feedback obtained from NBCMHS staff.

Current Position	Position Number	FTE	Proposed Position and action
Nurse Unit Manager Level 2	61761	1	Nurse Unit Manager 3 – Direct appointment of incumbent permitted
Nurse Unit Manager Level 1	61725	1	Care Coordinator position – Incumbent managed under Excess Staff policy, and potential transitional period.
Team Leader (Vacant)	61789	1	Senior Allied Health Clinical Lead position – recruitment action required

### 1.2.3 Proposed Realignment of Adult Care Coordination Structure

The proposed realignment aligns with the **NSLHD Strategic Plan 2022 – 2027** with **Strategy 2** and **Strategy 4** being of relevance:

- **Strategy 2: Safe, high quality connected care** – Safe, high quality, reliable healthcare is delivered in a personalised way across all settings.
  - ✓ Make safety and quality fundamental to everything we do.
  - ✓ Provide high quality care that delivers good clinical outcomes.
  - ✓ Increase the range of services provided in non-inpatient and out of hospital settings.
  - ✓ Patient care is seamless across providers, services and settings.
  - ✓ Implement systems that support navigation of care, improved patient and carer experience and easy access to out of hospital services.
- **Strategy 4: Our staff are engaged and well supported** – Staff are engaged and well supported to deliver safe, reliable person-centred healthcare and equipped to respond to a changing healthcare environment.
  - ✓ Cultivate a safe, flexible and positive workplace culture where staff feel valued, heard, empowered and are supported to perform at their best.
  - ✓ Ensure our workforce reflects the diversity in our community and our culture leverages diversity of thinking.
  - ✓ Develop our talent and leadership capability across our workforce.
  - ✓ Develop a skilled and capable workforce equipped to provide high-value and person-centred care.
  - ✓ Support and foster innovative thinking and practices related to future care.

- ✓ Develop our workforce to have the capabilities and culture to address future demands on the health system.

In reviewing and proposing the new Adult Care Coordination model of care and team structure, the Australian National Recovery Principles as outlined below will be further embedded within our practice due to amalgamation of adult care coordination staff who provide care using common guidelines and approaches that is in line with policies and procedures to ensure high quality best practice service provision.

### **1. Uniqueness of the Individual.**

Recovery oriented mental health practice:

- recognises that recovery is not necessarily about cure but is about having opportunities for choices and living a meaningful, satisfying and purposeful life, and being a valued member of the community.
- accepts that recovery outcomes are personal and unique for each individual and go beyond an exclusive health focus to include an emphasis on social inclusion and quality of life.
- empowers individuals so they recognise that they are at the centre of the care they receive.

### **2. Real Choices**

Recovery oriented mental health practice:

- Supports and empowers individuals to make their own choices about how they want to lead their lives and acknowledges choices need to be meaningful and creatively explored.
- Supports individuals to build on their strengths and take as much responsibility for their lives as they can at any given time.
- Ensures that there is a balance between duty of care and support for individuals to take positive risks and make the most of new opportunities.

### **3. Attitudes and Rights**

Recovery oriented mental health practice:

- Involves listening to, learning from and acting upon communications from the individual and their carers about what is important to each individual.
- Promotes and protects individual's legal, citizenship and human rights.
- Supports individuals to maintain and develop social, recreational, occupational and vocational activities which are meaningful to the individual.
- Instils hope in an individual's future and ability to live a meaningful life.

### **4. Dignity and Respect**

Recovery oriented mental health practice:

- Consists of being courteous, respectful and honest in all interactions.
- Involves sensitivity and respect for each individual, particularly for their values, beliefs and culture.
- Challenges discrimination and stigma wherever it exists within our own services or the broader community.

### **5. Partnership and Communication**

Recovery oriented mental health practice:

- Acknowledges each individual is an expert on their own life and that recovery involves working in partnership with individuals and their carers to provide support in a way that makes sense to them.
- Values the importance of sharing relevant information and the need to communicate clearly to enable effective engagement.
- Involves working in positive and realistic ways with individuals and their carers to help them realise their own hopes, goals and aspirations.

## 6. Evaluating Recovery

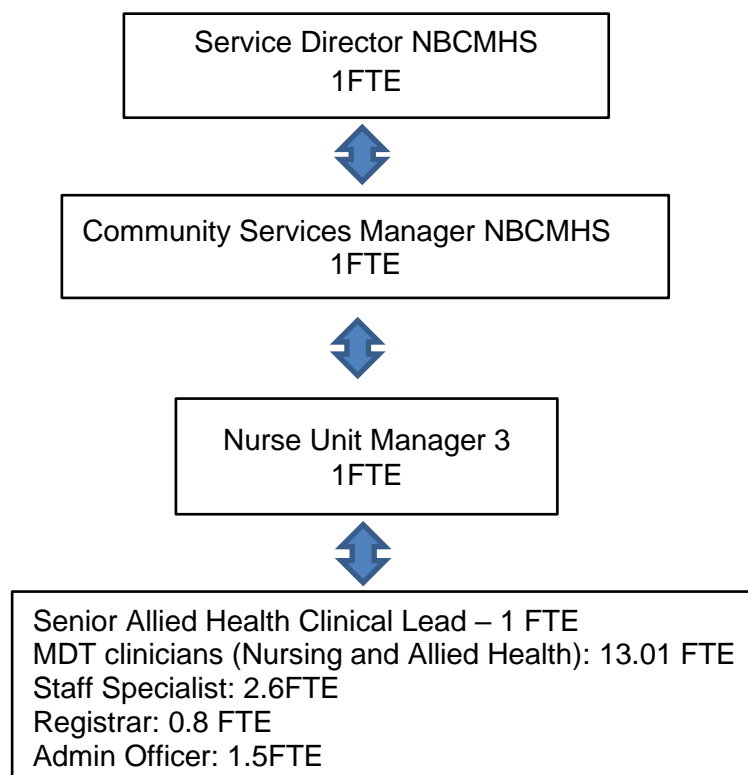
Recovery oriented mental health practice:

- Ensures and enables continuous evaluation of recovery-based practice at several levels:
- Individuals and their carers can track their own progress.
- Services demonstrate that they use the individual's experiences of care to inform quality improvement activities.
- The mental health system reports on key outcomes that indicate recovery including (but not limited to) housing, employment, education and social and family relationships as well as health and well-being measures.

## Proposed Future Realignment Structure for Consultation

The proposed realignment includes the following changes.

- Change of the current NUM L2 QC Team leader role to NUM L3 Team Manager role.
- Change of the current MV Team leader role to Senior Allied Health Clinical lead AH level 3 role.
- Change of the current NUM L1 FF Team leader role to Care Coordination role.



**Total FTE of the Acute Care Coordination Team = 19.91**



#### **1.2.4 Impact on services and functions**

The proposed realignment of Adult Care Coordination will aim to strengthen the service delivery through realigning them into one team thereby removing postcode boundaries, reduce fragmentation /variance in service provision , and providing greater capacity to provide recovery focused care coordination through clearer and consistent pathways including triage and assessment , transfer of care, provide a more stream lined service for consumers that has clear points of contact, clearer staff roles and responsibilities, improve customer service and clarify referral criteria.

#### **Positives:**

Consumers and carers:

- Consistent service and approach across all the Northern Beaches regardless of geographical location/postcode.
- Defined pathways through service including discharge planning in keeping with least restrictive care principles.

Adult Mental Health Teams staff:

- Professional senior role for Nursing and Allied Health (offering allied health staff a career pathway).
- Clinical and Operational Nursing leadership (aligned to ACT and AOT).
- Clear and defined model of care to work under.
- Creation of clear and consistent channels for communication.
- Defined care pathways and escalation for both staff and consumers.
- Single point of contact for consumers/carers to provide consistency of care.
- Improved customer service and experience.
- More robust, flexible and responsive team with greater capacity to manage workloads and demands - Relprevv Clinics, Intake, Clozapine Clinic, student placements, new starters.
- Increased FTE in one team assists with coverage for both planned and unplanned leave, in addition to improving allocations by decreasing the consumer – clinician ratio.
- Clarity of roles and responsibilities for staff .
- Simplified process to monitor and influence a unified and positive workplace culture.

Community and Inpatient Teams:

- Clear and consistent pathways for referrals, transfer of care and escalation.
- Consistent Model of Care – responsive, person centred, and recovery focussed.

#### **Potential Challenges:**

- Allocation of consumers across multiple Psychiatrists with many part time clinicians.
- Adapting to change (resistance) – long term teams used to current models and ways of working.
- Transition period may briefly destabilise service however can be mitigated through effective change management and leadership.

### 1.2.5 Likely impact on employees

- No decrease in FTE to the overall Acute Care Coordination Service.
- Opportunity for a direct appointment (PR2014\_016: Restructuring in NSLHD) of current Queenscliff NUM 2 to a NUM 3 of the Adult Care Coordination Team to support management of a larger MDT team and align the structure to that of the Acute Care Team and Assertive Outreach team in terms of size and managerial classification.
- A change to the classification within the proposed Position Description of the Adult Care Coordination Team Manager from a NUM 3 to a Nursing and/or Allied Health position (NUM3/HSML3) to align with management of a multi-disciplinary team should the position become vacant.
- The current Frenchs Forest NUM 1 position, no longer required in the proposed structure, is planned to be changed into a Care Coordination role, directly impacting one staff member. Management of this impacted staff member will be as per the Managing Excess Staff NSW Health policy (PD2012\_021), however consideration of a transitional arrangement, with the incumbent remaining in a NUM 1 position with changed responsibilities, and for a limited time only, may also be implemented.
- A change to Mona Vale Team Leader position to a Senior Allied Health Level 3 role informed by feedback received through staff consultation.
- All MDT staff except the medical officers to report to the proposed Team Manager role. Medical officers reporting line unchanged, they continue to report to the NBCMHS Clinical Director.

## Stage 2 – Consultation & Communication

### 2.1 Notification to Staff, Union/Industrial Bodies and other relevant parties

This consultation document will be provided to the Frenchs Forest, Mona Vale and Queenscliff staff following preliminary discussions regarding the proposed change. The teams will be provided a 2-week consultation period in which to give feedback. A group staff meeting to discuss the structural changes has been scheduled during the consultation period. Additional meetings, particularly with those directly impacted by the changes may be scheduled as part of the process. The relevant Unions and Associations will also be provided with this document for consultation and feedback as required.

The relevant unions that need to be consulted include:

- NSW Nurses and Midwives Association;
- Australian Salaried Medical Officers Foundation (ASMOF);
- Health Services Union.

If there are any issues that arise from this, then a meeting with the union will be held to understand any issues.

## References

- Care Coordination in Mental Health Community Services - MHDA Prompt Doc No: NSHD0171830 v1.1
- Commonwealth of Australia (2013). A national framework for recovery-oriented mental health services. Commonwealth of Australia: Canberra
- Managing Excess Staff of the NSW Health Service\_PD2012\_021 - Prompt Doc No: NSHD0167462 v1.1
- Mental Health Commission of NSW (2014). Living Well: A Strategic Plan for Mental Health in NSW 2014 – 2024. Sydney, NSW Mental Health Commission.
- Mental Health Coordinating Council (2013). TRAUMA INFORMED CARE AND PRACTICE: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction, Position Paper and recommendations of the National Trauma-informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC) Kezelman, C (Adults Surviving Child Abuse, ASCA)
- Northern Beaches Community Mental Health Service (NBCMHS) Intake Guideline – MHDA Prompt Doc No: NSHD0171871 v1.1
- NSLHD Strategic Plan 2022 – 2027- NSLHD Prompt Doc No: NSHD0208364 v1.0
- Restructuring in Northern Sydney Local Health District\_PR2014\_016 - Prompt Doc No: NSHD0168342 v1.1