

Final Restructure Plan

Integrated Community Services & Mental Health

Sexual & Women's Health

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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 (APHC)
- Drug and Alcohol Service
- Oral Health Service
- Public Health (PH)

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)*. The 0.5FTE Sexual Health Staff Specialist (Forensic Medicine) and the 1.0FTE CNC2 Sexual Assault Nurse Examiner (SANE) has moved into the Kids and Families directorate, as part of the initial APHC restructure.

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. It was identified that Sexual & Women's Health better align to the *PH Stream, rather than *APHC, following feedback from the APHC and PH restructure.

The scope of this restructure plan covers the Sexual and Women's Health Service.

* APHC renamed to *Out of Hospital Care (OHC)* and PH renamed to *Pubic & Population Health (PPH)* in the restructure.

2. Sexual & Women’s Health

2.1 Current State – Service Profile

The Sexual & Women’s Health unit reports to the Director OHC via the Staff Specialist (Director) Sexual Health, and the Nurse Manager Sexual and Women’s Health. It sits within the OHC Stream.

The Staff Specialist (Director) Sexual and Women’s Health Service provides medical support to the OHC stream, including VeCC. Medical support to the OHC Stream is being considered as part of the Healthcare @ Home Project.

Stream:	Out of Hospital Care	Stream:	Integrated Care and Chronic Disease
Key Focus:	Supporting the patient journey through the continuum of care and being expert support in the primary care sector.	Key focus:	Preventative health care to vulnerable populations, as well as mechanisms to ensure patients with chronic disease are identified early and access the most appropriate care.
Services:	<ul style="list-style-type: none"> • Access and Referral Centre – enabling access to community health services. • Virtual enhanced Community Care (VeCC) – enabling virtual community health services to those with chronic health conditions. • Community Palliative Care. • Targeted Clinical Services – Sexual health, Youth health, Women’s health. • Community Nursing – Continence, and Palliative Care Triage. • Community Aged Care. • Health Care Interpreter Service. • Transport for Health – providing transport to important medical appointments for people who have no other means of getting there. 	Services:	<ul style="list-style-type: none"> • Health Pathways. • Integrated Care Initiatives. • Diabetes Service • Asthma Educators • Wound Care Team

2.2 Reason for the Restructure

The 10-year vision for ISLHD includes an integrated healthcare system that supports people to stay healthy at home and in their community – community health is a key lever to deliver this. There is an increasing focus on strengthening community services to help address demand for acute hospital services through reducing hospital admissions, readmissions, and length of stay. Specialist community services also play a significant role in promoting better health, supporting early intervention for vulnerable populations, and preventing and managing chronic disease. To manage this, the range of community services provided will need to increase. ISLHD must capitalise on opportunities to expand the range of community services provided within considerable financial constraints and without re-allocation of funds from hospital services.

Opportunities exist to deliver more effective, efficient, and aligned community health services by optimising service delivery; expanding services that are eligible for ABF; and expanding roles and accountabilities to create economies of scale. This can be achieved through:

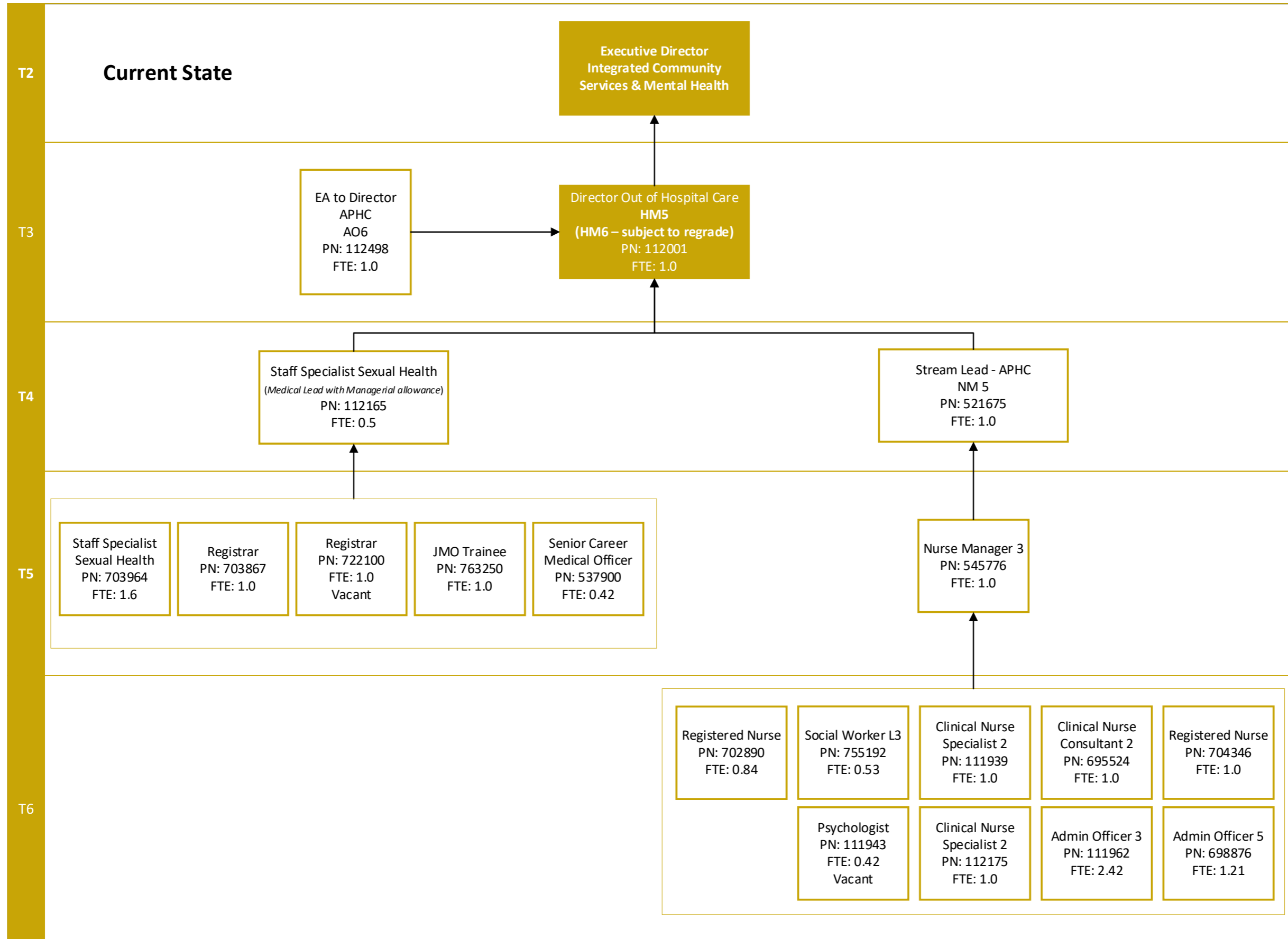
- Strengthening the governance and relationships, both within community health, as well as between, community health and the hospital hubs.
- Realigning and streamlining services to increase efficiency.
- Consideration of feedback from the OOH and PPH restructure

The table below outlines the changes to the Sexual & Women’s Health Service, the rationale for the changes, and benefits/impacts on services.

Function/Stream/ Role	Changes	Rationale for Changes & Benefits/Impacts on Services
Staff Specialist Sexual Health	Dependent on endorsement of the proposed *Medical Director Public & Population Health position, Staff Specialist positions will report to the Medical Director. If the Medical Director position is not endorsed, Staff Specialist positions will report to the Director Public & Population Health.	Aligns the reporting lines to the appropriate position within the Public & Population Health unit. Provides a medical governance structure within the Public & Population Health Unit.
Nurse Manager Sexual and Women’s Health	Change of reporting line to Director Public and Population Health.	Aligns the reporting line to the appropriate position within the Public & Population Health Unit. Professional nursing reporting line will be to the Nurse Manager 5 in Out of Hospital Services.

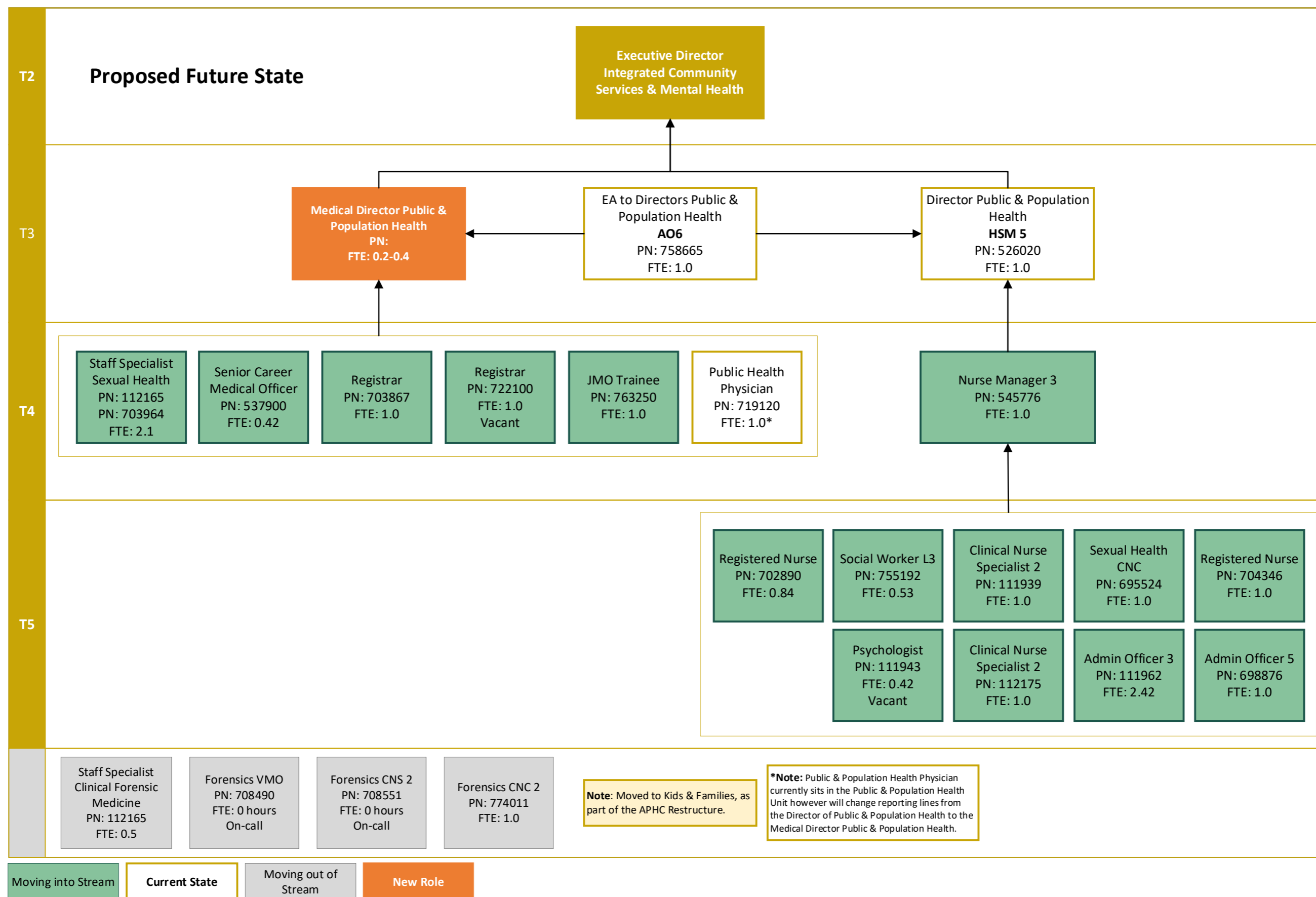
**Established by enhancement of existing position / FTE*

2.3 Sexual & Women’s Health Services Structure – Current State



2.4 Sexual Health Service –Future State

NB it is understood Stafflink (basis of FTE displayed) may not reflect actual FTE. Discrepancies will be rectified through the establishment process.



2.5 Impacted Staff

A Medical Director for the Public and Population Health Unit will be part of the Restructure, with the *creation of a Medical Director role to support the additional clinical services and strategic requirements of the Public and Population Health Unit. This is part of the total restructure, including alignment of Sexual and Women's Health to the Public and Population Health Unit. The Medical Director role will be 0.2-0.4FTE with the successful applicant to maintain their current position, with a reduced clinical load where applicable.

**Established by enhancement of existing position / FTE*

	Current Position Title	Current Classification	Proposed Classification	New Position Title	FTE
1.	Staff Specialist	Staff Specialist	Staff Specialist + relevant managerial allowance	Medical Director Public & Population Health	0.2-0.4

The following position/s will change reporting lines as part of the restructure:

	Current Position Title	FTE	Currently reporting line	Proposed reporting line	Classification	Team FTE
1.	Staff Specialists Sexual Health*	0.5	Director Out of Hospital Care	Medical Director Public & Population Health position.	Staff Specialist	4.42 (+VMOs)
2.	Nurse Manager Sexual & Women's Health **	1.0	Nurse Manager – Out of Hospital Care	Director Public and Population Health	Nurse Manager 3	9.51
3.	Visiting Medical Officers, VeCC – PN: 760082	Not defined	Staff Specialist Sexual Health	TBC – part of Healthcare @ Home Project	TBC	N/A
4.	Visiting Medical Officer, Virtual Care Centre – PN: 752710	Not defined	Staff Specialist Sexual Health	TBC – part of Healthcare @ Home Project	TBC	N/A
5.	Staff Specialist Public and Population Health	1.0	Director Public and Population Health	Medical Director Public & Population Health position	Staff Specialist	N/A

**Please note, except for the VMO's mentioned in the above table (lines 3 & 4), all staff who currently report through to the Staff Specialist (Director) Sexual Health will move into the Public and Population Health Unit retaining the same reporting line.*

**All staff who currently report through to the Nurse Manager – Sexual & Women’s Health will move into the Public and Population Health Unit retaining the same reporting line.*

2.6 New Position Descriptions

Role Title and PD
Medical Director Public & Population Health

2.7 Timetable for Implementation

Action	Date
Affected staff advised	25 March 2024
All communication email issued; will include a copy of the Restructure Plan and new Position Descriptions	25 March 2024
HSU/NSWNMA/ASMOF advised of restructuring proposal for consultation with members	25 March 2024
Meeting with Union and staff (if required)	Between 25 March & 5 April
Consultation period closes – 2 weeks	12 April 2024
New structure finalised taking account of feedback – approved by CE	12 April 2024
Team meetings held to advise/inform: <ul style="list-style-type: none"> • Overview of feedback received and reviewed during consultation period • Outcome • Next steps 	From 15 April
Individual 1:1s held with impacted staff – letter provided, and options discussed	From 29 April
Individual 1:1s held with affected temporary staff – letter provided, and options discussed	n/a
Issue details to team for candidates to apply for newly created positions via expression of interest	End of April / Early May
Application closed	1-week advertising period
Shortlisting completed	Within 2-3 days of closing date
Interviews completed	By end of May
Confirm successful candidates	Within 2-3 days of interview
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	n/a
Advertise any residual vacant roles	n/a
Final organisational charts operational	By end of financial year 2023/2024

Note dates are subject to change.

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) were notified of the proposal and provided with the Restructure Consultation Paper, as well as an opportunity to comment on the proposal. They will be provided with the finalised restructure paper.

2.9 Information Sessions for Staff

This Restructure Consultation paper and the draft position descriptions were 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 has considered feedback from staff members.

2.10 Possible Effects on EEO Groups

Nil

2.11 Counselling and Vocational Assessment Services for Staff

Impacted employees were offered support from Workforce, Management and reminded of the availability of the [Employee Assistance Program](#) during the restructure process.

2.12 Estimated Staff Redeployment

Nil