



# Adult Community Mental Health Reform

## Workforce Plan

Southern Adelaide Local Health Network  
Mental Health Services

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Version 2.0

## DOCUMENT REVISION HISTORY

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## DISTRIBUTION LIST (FOR CONSULTATION)

Name	Title	Date Document Forwarded
David Morris	SALHN Chief Operating Officer	29/01/19
Michael Francese	SALHN Chief Workforce Officer	29/01/19
Rebecca Badcock	SALHN Executive Director of Nursing	29/01/19
Sarah Woon	A/SALHN Executive Director of Allied Health	29/01/19

## ENDORSEMENT / SIGN OFF

Version	Date	Description	By Who

**Signed:**

**Date:**

## Table of Contents

1. Introduction.....	4
2. Workforce .....	4
Table 1. Current Workforce Configuration .....	5
Table 2. Proposed Workforce Configuration v2.0 .....	6
3. Workforce Structure .....	7
4. Roles and Responsibilities .....	7
Head of Unit (HOU).....	8
Team Manager.....	8
Consultant Psychiatrist.....	9
Discipline Senior (AHP3/RN3).....	9
Primary Clinician .....	9
Specialist .....	10
5. Methodology for Workforce Configuration .....	10
6. Summary of Key Changes Made to the Workforce Configuration.....	11
7. Workforce Transition.....	13

## 1. Introduction

The Workforce Plan aims to describe the staffing configuration required to support the implementation of the evidence-based Stream approach and will provide an outline of governance structure and roles and responsibilities described in the Service Plan to ensure SALHN consumers receive the appropriate care across the three Streams:

- Acute Stream
- Mood (and related disorders) Stream
- Psychosis (and related disorders) Stream

The Workforce Plan is a result of extensive review, analysis, engagement and consultation, including:

- feedback received from consultation on the proposed Service Plan, November 2018
- staff and consumer focus groups
- benchmarking and site visits with other jurisdictions
- consideration of national and international evidence-based practice guidelines and best practice models
- Report, and key lessons learned from previous reviews of MH services
- the recently developed SALHN ACMH Model of Care
- relevant legislation and standards
- current National and State mental health strategic directions.

As part of the implementation of the Service Plan, a transition plan will be developed, in consultation with staff and consumers as to how best to transition to the propose Service Plan.

The following general principles will apply in transitioning to the workforce configuration:

- There will be no reduction in current FTE
- The workforce profile and FTE for each Stream will be modelled based on capacity to meet predicted demand within each Stream
- The transition of current permanent/on-going staff will be aligned to the Streams in accordance with established HR Principles (refer to the Adult Community Mental Health intranet) and relevant industrial agreements.

Strategic workforce planning will be an ongoing process will form part of the evaluation process for the Service Plan. This will consider the future workforce needs required to embed, evolve and sustain service delivery over time. As the Streams evolve, roles and functions, training and development needs, supervision and capability frameworks required to deliver high quality services will be modified in consultation with the Teams and based on service needs.

## 2. Workforce

The workforce is comprised of a multidisciplinary staffing profile that incorporates the skills of psychiatrists, nursing, occupational therapy, pharmacy, psychology, social work and community rehabilitation workers.

The development of both an Aboriginal workforce and a Lived Experience (Peer) workforce within SALHN ACMH has been a strong theme emerging from stakeholder engagement, evidence review and feedback received. This will be prioritised in future workforce planning.

Table 1. Current Workforce Configuration

Classification	Marion Team	Carramar Team	Noar Team A	Noar Team B	Totals
Consultant Psychiatrist	6.1		4.6		10.7
Trainee Psychiatrist	2		2		4
Trainee Career Medical Officer	0		1		1
RN4/AHP4 Team Managers	1	1	1	1	4
RN3/AHP3 Clin Coord.	1	1	1	1	4
RN3/AHP3 IHBSS Coord.	0.5				0.5
SW AHP3	1	1	1	1	4
OT AHP3	1	0	0	1	2
PSYCH AHP3	0.9	0	0.2	0	1.1
RN3	1.67	1	1	1	4.67
SW AHP2 (INCL Multi AHP2)	5.38	4.6	4.91	6.5	21.39
OT AHP2	1.3	2	0	1	4.3
PSYCH AHP2		0.6	1	0.9	2.5
DBT Therapist AHP2	0.5				0.5
RN2	12.23	11.85	7.11	8.5	39.69
SW AHP1	0	0	0	1	1
RN1	0.8	1.2	0	0	2
EN	0.55	0	0	0	0.55
OPS2/3	1	1		0.6	2.6
Nurse Practitioner	2				2
<b>Totals</b>	<b>32.13</b>	<b>29.05</b>	<b>19.32</b>	<b>30.6</b>	<b>112.5</b>

Table 2. Proposed Workforce Configuration v2.0

Site	Marion							Noarlunga							ACMH		
	Acute		Mood	Site-Based	Psychosis			Total	Acute		Mood	Site-Based	Psychosis			Total	
Stream	1	2	Mood 25+		1	2	3		1	2	Mood 25+		1	2			
CONSUMERS	1	2	Mood 25+		1	2	3		1	2	Mood 25+		1	2			
Case Management (Team Care)	70	70	60		120	120	120	560	70	70	60		100	100	400		
Therapy / DBT/ Clozapine	15	15	100		30	30	40	230	15	15	100		25	25	180		
<b>TOTAL CONSUMERS</b>	330				460			790	330				250		580		
HOU	* up to 0.3				* up to 0.3			-	* up to 0.3				* up to 0.3		-		
Admin Support to HOU	0.2				0.2			-	0.2				0.2		-		
Team Manager AHP4/RN4	1				1			2	1				1		2		
Clinical Leadership Team																	
Consultant Psychiatrist	0.8	0.8	0.7		1.3	1.3	1.2	6.1	0.8	0.8	0.7		1.2	1.1	4.6		
Senior Clinical Psychologist AHP3	0.9				0.9			0.9	0.6				0.6		0.6		
Senior Occupational Therapist AHP3	1				1			1	1				1		1		
Senior Social Worker AHP3	1				1			2	1				1		2		
Nurse Consultant RN3	1				1			2	1				1		2		
Senior Clin Psy/OT/SW AHP3 / Nurse Consultant RN3	1				1			2	1				1		3		
Primary Clinicians (Target Ratio)	1:10	1:10	1:20		1:20	1:20	1:20		1:10	1:10	1:20		1:20	1:20			
Clinical Nurse/ANUM (7 day) RN2	5	5						10	5	5					10		
Clin Psy/OT/SW (7 day) AHP2	2	2						4	2	2					4		
Clinical Nurse/ANUM (5 day) RN2			2		2.4	2.4	2.4	9.2			2		2.4	2.4	6.8		
Clin Psy/OT/SW (5 day) AHP2			1		2	2	2	7			1		1.3	1.3	3.6		
Clin Psy/OT/SW AHP2 / Clinical Nurse RN2					1	1	1	3					1	1	2		
Specialist Roles																	
Trainee MO/Psychiatrist Reg	1				1+1*			2	1				2		3		
Nurse Practitioner RN4	1				1			1	1				1		2		
Senior Pharmacist (Community) AHP3	0.3				0.3			0.3	0.3				0.3		0.6		
Clinical Psychologist (5 day) AHP2	0.9				0.9			0.9	1.2				1.2		2.1		
Occupational Therapist (5 day) AHP2	1.3				1.3			1.3	1				1		2.3		
Community Rehab Worker OPS3	2				2			2							2		
Activity Supervisor OPS2									0.6				0.6		0.6		
Clinical Nurse (Clinic) RN2					2			2					2		2		
Registered Nurse (Clinic) RN1					1.2			1.2							1.2		
Enrolled Nurse EN					0.55			0.55							0.55		
IBHSS Program Coordinator AHP2/RN2	0.25							0.25	0.25				0.3		0.5		
DBT Program Coordinator AHP3/RN3			0.67					0.67			0.67				0.7		
DBT Therapist AHP2/RN2			1					1			0.5				0.5		
IAPT Brief Therapist AHP2/RN2	0.5								0.5								
<b>TOTAL FTE</b>	9.9	9.9	6.37	7.4	9.6	9.6	9.6	62.37	9.9	9.9	5.87	5.7	9.38	9.38	50.12		
	62.37								50.12							<b>TOTAL</b>	112.50

\* Subject to Business Case approval; the 1.2 FTE HOU Clinical Backfill can be allocated as Consultant Psychiatrist and/or trainee psychiatrist positions.

NOTE: These positions are excluded from the FTE calculation

### **3. Workforce Structure**

Each site - Marion and Noarlunga - will function with three Streams - Acute, Mood and Psychosis. The governance for the Acute and Mood streams will be combined into one Team led by a Head of Unit and a Team Manager. Similarly, the Psychosis Teams at each site, led by a Head of Unit and Team Manager, will comprise two or three Workgroups. Each Workgroup will be led by a Consultant Psychiatrist and be comprised of a Discipline Senior and a group of Primary Clinicians responsible for a designated group of consumers.

#### **Team Leadership**

Each Team has a Head of Unit (HoU) and a Team Manager. The HoU will be accountable for clinical governance and the Team Manager will be responsible for operational governance within the Team. Together the HoU and Team Manager will be responsible for the:

- development of a strong collaborative working relationship within the Team, and
- establishment of a clear clinical, operational and professional leadership structure with the Discipline Seniors within the Workgroups

#### **Workgroup Leadership**

Each Workgroup will be led by a Consultant Psychiatrist, who is accountable for the clinical outcomes of their allocated consumers in the Workgroup. Each Primary Clinician is responsible to the Consultant Psychiatrist for the clinical outcomes of each of their consumers. For each Workgroup, a Discipline Senior will be responsible to the Consultant Psychiatrist for flow and work allocation of consumers within the Workgroup. To achieve this they will:

- coordinate information regarding new referrals/ transfers/ planned discharges and overnight contacts
- manage caseload allocation for primary clinicians
- coordinate and ensure appropriate handover between shifts
- lead and support MDT meetings and MDT Reviews.

Overall systems of intake and flow of consumers between Workgroups within a Team will be determined by each Team according to the needs of the Team with Discipline Seniors sharing the intake, referral and caseload allocation process across Workgroups.

Each Discipline Senior will provide supervision within their Workgroup and to clinicians of their Discipline within the other Workgroups of the Team.

#### **Clinical Leadership**

Within each Team, each Discipline has a designated Discipline Senior to provide Professional and Clinical leadership to staff within the Team.

### **4. Roles and Responsibilities**

The Heads of Unit, Nursing Director – Community Mental Health Service, Allied Health Director and Discipline Seniors are responsible and accountable for the provision of Clinical Governance across the Community Mental Health Directorate.

#### **Nursing Director, Community Mental Health Service**

The Nursing Director, Community Mental Health Service is the operational lead for the delivery of community mental health services within SALHN. They also provide professional leadership and oversight of supervision for community mental health nurses. They provide operational and professional support to Heads of Unit and Team Managers in each Team.

## Allied Health Director

The Allied Health Director provides professional leadership and oversight of professional supervision to all allied health staff through their Discipline Leads.

## Discipline Leads

The Allied Health Discipline Leads in Occupational Therapy, Psychology and Social Work support the Allied Health Director to provide professional leadership and the oversight of professional supervision to all allied health staff.

## Head of Unit (HOU)

The HoU is accountable for the clinical outcomes of the Team. They will

- oversee the delivery, safety and quality of services provided by the Team
- undertake the review of all adverse events and critical incidents
- support the Team Manager and Discipline Leads to manage the operational requirements of the Team
- ensure a system of appropriate multidisciplinary supervision for clinicians in consultation with Discipline Leads
- assist and work with other Discipline Leads to address performance and behavioural issues as required
- provide professional supervision to team medical staff
- support provision of, and access to, training for clinical staff
- oversee performance review and development (PR&D) for medical team members
- provide leadership for research activity and outcomes in the team
- be responsible for developing, supporting, addressing and maintaining team culture, appropriate team behaviours and implementation of team values.
- model and maintain culture of reflective practice and respectful behaviour within the Team

## Team Manager

The Team Manager manages the operational business of the team. They will:

- be responsible for managing team business and operational functions
- ensure team compliance to all standards, policies, procedures, operational protocols
- ensure OHS&W compliance
- manage team recruitment in consultation with Discipline Leads
- monitor and respond to team data and information
- oversee performance review and development (PR&D) compliance for non-medical team members in consultation with Discipline Seniors
- assist and work with other Discipline Leads to address performance and behavioural issues as required
- support provision of, and access to, training
- identify the need for, and support, conflict resolution between staff and other agencies
- act as a central point for complaints management
- provide managerial support, in collaboration with the Head of Unit and Discipline Leads
- provide human resource management including rostering
- be responsible for developing, supporting, addressing and maintaining team culture, appropriate team behaviours and implementation of team values
- model and maintain a culture of reflective practice and respectful behaviour within the Team

## Consultant Psychiatrist

The Consultant Psychiatrist is accountable for the clinical outcomes of their allocated consumers in the Workgroup. They will be responsible, with the Discipline Seniors, for overall flow of consumers within the Workgroup. They will:

- provide clinical leadership and direction for complex and high needs consumers within a multidisciplinary team
- oversee and delegate clinical management within the Workgroup, in collaboration with the Clinical Leadership
- support the Team Manager and Discipline Leads to manage the operational requirements of the Team
- contribute to the development, support, and maintenance of team culture, appropriate team behaviours and implementation of team values
- model and maintain a culture of reflective practice and respectful behaviour within the Team

## Discipline Senior (AHP3/RN3)

Discipline Seniors form part of the Clinical Leadership Team and are responsible to the Consultant Psychiatrists for systems of intake and overall flow of consumers within the team and supporting Primary Clinicians in achieving the clinical outcomes of their consumers. Discipline Seniors will also provide Professional and Clinical leadership to staff in their Team. They will:

- coordinate information regarding new referrals/ transfers/ planned discharges and overnight contacts
- provide information to the HoU and Team Manager regarding current activity and demand
- coordinate and ensure appropriate handover between shifts
- lead and support MDT Review meetings
- monitor and review staff clinical skills and capacity
- assess and monitor clinical standards
- provide supervision of staff and facilitate implementation of professional standards
- provide professional accountability for their Discipline
- support provision of, and access to, training for their Discipline
- manage caseload allocation to Primary Clinicians
- contribute to the development, support, and maintenance of team culture, appropriate team behaviours and implementation of team values
- model and maintain a culture of reflective practice and respectful behaviour within the Team.

## Primary Clinician

The main function of the Primary Clinician is to coordinate care and provide treatment or therapy for consumers. Other responsibilities include:

- responsible to the Consultant Psychiatrist for the clinical outcomes of their consumers
- establish an empathic and respectful working relationship with the consumer and family/carers (as appropriate)
- assess the consumer's presenting mental health and psychosocial circumstances and needs in collaboration with the consumer, other members of the multidisciplinary team, other service providers, and family/carers wherever possible
- complete clinical outcome measures
- present the consumer's needs, strengths and provisional diagnosis or formulation of clinical impression at MDT meetings
- develop a Treatment and Care Plan in consultation with the MDT and consumer

- provide evidence-based therapeutic interventions as outlined in the Treatment and Care Plan
- advocate with and for the consumer to obtain sufficient resources and/or support for the consumer to achieve their goals
- coordinate / facilitate psychosocial interventions in collaboration with other service providers
- coordinate / facilitate pharmacological interventions
- liaise with the consumer's GP for oversight of metabolic / physical health monitoring
- ensure compliance with legal obligations
- regularly review, monitor and revise the Treatment and Care Plan in consultation with the MDT.

## Specialist

Dedicated discipline-specific skills and functions have been included within the Workforce Configuration to facilitate access to specialised assessment, intervention and service delivery within each Stream or across Streams to enable access to multidisciplinary service delivery. It is anticipated that these roles will add service delivery capacity to the Primary Clinician roles, and contribute to the overall capacity of the team.

## 5. Methodology for Workforce Configuration

### Capacity and Demand Modelling

The predicted demand within each Stream was determined based on current activity, predicted demand, phases of care and case-mix of existing consumers across the current Adult ACMH teams. The proposed allocation of cases to future Streams was determined based on a range of parameters designed to reflect the criteria described in the Service Plan.

### Acute Stream

The demand for the Acute Stream was based on all current cases within the Outer South NEHMS and Hospital @ Home teams combined, and all cases currently active within the Inner South teams either registered under the "Brief Interventions" teams or with a length of stay less than eight weeks.

A further analysis of Casemix and the Phase of Care of consumers within existing "brief intervention" caseloads was undertaken to ascertain the number of consumers likely to meet the criteria for the future Acute Stream.

The mix of Disciplines within each of the Streams was determined based on the service delivery functions described within the service plan.

In the Acute Stream, the ratio of Primary Clinicians to active cases reflects an estimated allocation 1:10 based on (predicted) case numbers, in accordance with the relevant service model and national and international benchmarks for community crisis care teams.

## **Mood Stream**

The total “Mood” case numbers will include all current DBT Program consumers, Brief Therapy Program consumers and other mood disorders cases currently managed within the existing ACMH teams.

The estimation of case numbers is based on the current numbers of active consumers that meet the criteria for mood disorders.

Consideration will be given to the most appropriate service Stream for existing long-term and complex mood disorders cases depending on their primary service needs, which may require flexibility for some of these cases to access the Psychosis Stream.

The estimated Primary Clinician: Case ratio for the Mood Stream reflects the mixed modalities of care that will be provided in this Stream, including cases receiving group therapy programs, individual psychological therapy as the primary intervention (without complex case management), and access to complex case management and other recovery-oriented interventions for cases that require it.

It is anticipated that further consultation with the PHN and NGO sector, as well as the existing Flinders Psychological Services (IAPT, CARD), who also provide services to this population group, will result in a further refinement of the Mood Stream and target population over time.

## **Psychosis Stream**

Psychosis case numbers included all active cases with a diagnosis of schizophrenia, psychosis or related disorders currently being managed within the adult ACMH teams, excluding those who may currently be within the initial acute phase (who are allocated to the Acute Stream)

The number of psychosis cases within Marion is significantly higher (almost double) than the number in Noarlunga.

Cases currently receiving clozapine clinic care only are also included within this Stream, but are not expected to require allocation to a Primary Clinician for case management. The current allocated clozapine nursing roles have been included within the psychosis Stream as dedicated roles.

An estimated Primary Clinician: Case ratio of approximately 1:20 reflects the expectation that the majority of consumers will require low intensity care, and a minority high intensity care, with a combination of case management and access to specialist intervention and rehabilitation programs (as described in the Psychosis Pathway). This is in accordance with national and international benchmarks for assertive community care teams.

## **6. Summary of Key Changes Made to the Workforce Configuration**

Detailed below are the key changes that have been made to the original proposed Workforce Configuration as a result of both the Consultation Feedback received and decisions made by the Project Team.

- Redistribution of the existing workforce across three Streams to meet the requirements of the Service Plan and predicted demand within each of the Streams.
- The 0.3 FTE HoU Clinical Backfill can be allocated as Consultant Psychiatrist and/or trainee psychiatrist positions.
- Administrative support will be provided to each HoU.

- Redistribution of Allied Health staffing across the Streams in accordance with the specialised functions described within the Service Plan.
- Team Managers will be site-based, forming part of the site-based leadership team. They will be positioned across the Acute/Mood Stream and the Psychosis Stream at each site. The positioning of Team Managers across Acute/Mood will assist in the transition of consumers between these Streams.
- The Mood and Psychosis Streams will become 5 day services. The Acute Stream will respond to emerging crisis situations after hours and on weekends for all consumers. As a result some staff currently performing weekend and after hours roles will move from a 7 day to a 5 day roster.
- Integration of existing Hospital@Home staff into the Acute Stream at Noarlunga
- Inclusion of Hospital@Home, ED In-reach, Brief Therapy and IAPT functions into the Acute Stream workforce functions
- Increased capacity in the Noarlunga Acute Stream to enable it to provide its own Emergency Response Service
- Increased capacity for Marion Psychosis Stream in light of higher demand for based on the population
- The term 'Care Coordinator' has been replaced with the 'Primary Clinician'. Case management is retained as a core function with the additional focus on providing targeted therapy functions, and facilitating access to specialist functions via the appropriate clinician
- Triage and Allocation functions will be a shared responsibility between Consultant Psychiatrists and other members of the Clinical Leadership Team.
- The Discipline Seniors will operate with a reduced case load support a Workgroup Consultant Psychiatrist.
- The Nurse Consultant, Senior Clinical Psychologist, Senior Occupational Therapist and Senior Social Worker will operate as members of the Clinical Leadership Team in a leadership and team support role.
- Psychologists and Occupational Therapists will predominantly operate in Specialist roles across each Site. This will enable the development of therapeutic and recovery-orientated treatment programs to facilitate increased access for all consumers.
- Nurse Practitioner roles are to be service-wide roles, operating across the ACMH Streams, to provide specialised consultancy, service delivery and leadership across the ACMH Streams as required. Nurse Practitioners should also have a key role in building specialised service programs, capacity and skills in key areas across the teams.
- A Senior Pharmacist (Community) will oversee the quality and safety management of medication administration to Community Mental Health consumers. They will provide education and training to staff and undertake the promotion of relevant and well developed procedures.

There have been significant changes made to the proposed Workforce Configuration v2.0 (see Table 2). In some instances, FTE in specific positions has been noted to reflect the contracted FTE of permanent staff holder in this position. While the original FTE remains as per the current staffing model, it has been necessary to append a small number of additional positions to realise the proposed Service Plan. Funding is required for these additional positions and Business Change Forms have being lodged.

## 7. Workforce Transition

The ACMH Service Plan represents a significant change from current practice across SALHN ACMH. The workforce configuration to support the initial implementation of the Service Plan is therefore based on transitioning the current ACMH staff into a new Team structure that will support the delivery of evidence-based Streams.

Staff transition will take place in accordance with SA Health's established 'HR Principles', where relevant, and the underpinning industrial instruments, SA Health and SA Government policies and publications.

Permanent staff in distinct roles may be matched to a similar position in the new structure. They will not need to undertake the EOI process unless they would like to be considered for a different position within the structure.

All remaining staff – permanent and temporary – will be asked to lodge their preferences for positions via an Expression of Interest (EOI) process run through SA Health's eRecruitment system. Assistance in lodging preferences will be provided to any staff member who requests it. Recruitment processes will occur in accordance with underpinning industrial instruments SA Health and SA Government policies and publications.

Some staff may be interested in relocating site, and others may be required to relocate site due to Service Delivery requirements. Any required relocation of staff will take place in accordance with the 'HR Principles', underpinning industrial instruments, SA Health and SA Government policies and publications as well, and as much as is reasonably possible and in consideration of individual needs and circumstances.

Where necessary to meet Service Delivery requirements and core business hours, shift configuration and times may be subject to change. Changes to working hours/shift times will be made in accordance with the established HR Principles, where relevant; and contracts of employment, underpinning industrial instruments, SA Health and SA Government policies and publications. Any required changes will take place in consultation with affected employees and in consideration of, as much as is reasonably possible, individual needs and circumstances.