

# DHHS Directions

## SPP Realignment: Newsletter I

**30 November 2009**

### **Introduction**

This series of newsletters will provide an overview of current activity to progress the organisational realignment of the Agency, which commenced in November 2008.

The Directions newsletter will be distributed via email to all SPP staff, and will be available on the DHHS Intranet. The intranet will also be used to distribute other relevant resources.

Specifically, realignment is occurring within the Strategy, Planning and Performance (SPP) Group. Refinement of the structure of SPP is happening in the context of the Core Business Review (CBR) completed in June 2009.

The realignment is being progressed by Associate Professor Des Graham who is undertaking the role of Executive Director pending the return of the Deputy Secretary in February 2010. Des is currently the Director of the Office for the Community Sector which, as part of the realignment, will join the commissioning unit in SPP.

To discuss any matters regarding these issues please feel free to contact Des on 6233 8524 or email [desmond.graham@dhhs.tas.gov.au](mailto:desmond.graham@dhhs.tas.gov.au)

### **Background**

This realignment is aimed at repositioning patients and clients at the heart of all we do.

At the request of the Secretary, in November 2009 Des Graham prepared a project brief outlining an implementation strategy for the Core Business Review. The recommendations of that brief have been accepted, and are now being implemented.

Realignment of the SPP Group means that the existing units (Corporate Planning and Performance; Policy, Strategy and Service Planning; Aged Care and Rehabilitation) and the Office for the Community Sector (currently in Human Services Group) will be reorganised

into two units. Please note that there are a number of matters in this realignment that will be finalised in the context of the broader departmental functions such as corporate policy and planning ; a detailed consideration of how Aged, Rehabilitation and Community Care integrate into the new framework etc

- **Policy, Planning and Information**

This unit will coordinate policy development and information management across the Agency to produce a detailed DHHS Service Framework that will then be used by the commissioning unit to specify service provision and resources in Resource and Performance Agreements. An important element of policy development will be the integration of clinical input to policy through Clinical Networks coordinated by the Chief Health Officer.

- **Commissioning and Performance Management**

This unit will develop Resource and Performance Agreements that reflect in detail the DHHS Service Framework. The Commissioning Unit will also coordinate the performance management of DHHS operational units to achieve agreed activity and key performance indicators.

### **Realignment Timelines**

It is important that the realigned structure is put in place as quickly as possible so that preparation for the 2010-2011 financial year can be completed, and implementation of the Core Business Review is consolidated. This means that:

- Managers will identify and agree on Group functions by 4 December 2009.
- FTE distribution will be clarified by 4 December 2009.
- Prioritisation and resource allocation to new organisational structure will occur by 16 December 2009.

- New Units will commence operations on 21 December 2009.
- New and revised Statements of Duties will be available in early 2010.

### Staff transition

A clear direction for the SPP Group has been accepted by the Secretary.

The SPP Senior Management Group consisting of Directors and Team Managers will work with the Executive Director to identify in detail the activities and resources within SPP, and publish a new organisational structure by 16 December 2009.

Managers have been asked to include staff in this process wherever possible.

Once functions and resources have been agreed by the SPP Senior Management Group a staff translation will occur.

Staff will translate from their current duties to the best fit in the new structure, based on the proposed duties and classification of the revised roles.

In some cases, staff will simply move with their current position from the old structure to the new structure.

In other cases functions and roles will be reconfigured into new jobs which will involve re-writing Statements of Duties.

All staff will continue to participate in the Positively Managing People Framework and Performance Development Agreements (PDAs) will be renegotiated as roles and functions are clarified.

All permanent staff will retain a position.

### Staff Appointments to date

The realignment of SPP Group coupled with implementation of the Core Business Review are important strategies for enhancing services to patients.

The following appointments have been made to ensure that implementation of the Core Business Review (CBR) is progressed concurrent with the alignment of SPP functions:

- Vicki Geard will continue to be Executive Support for Des Graham.
- Robert Gavin will move from Strategic Development in Office for the Community Sector to manage the implementation of a new SPP framework and CBR. He will be located on Level 1, 34 Davey Street.
- Ellen France will become Project Manager for CBR implementation.
- Kerri Garth will become a Project Officer for CBR implementation.
- Karen Payne, from the Office for the Community Sector, will become a Project Officer assisting with SPP realignment.
- Rob Daly is seconded to the position of Business Manager for SPP. His main emphasis will be to ensure the systematic transfer of all resources from the previous Group structure into the new framework.

These moves take effect immediately.

The chart below outlines implementation of the Core Business Review. In summary, phase one is in progress and the realignment of SPP is the beginning of phase two. More details about implementation will be available on the internet site shortly.

		Phase I	Phase II	Phase III
<i>What services are we going to provide? To what service level and where?</i>	Service Delivery Model Transformation	<ul style="list-style-type: none"> <li>• Service Maps</li> <li>• Service Directory</li> <li>• Clinical prioritisation of services</li> </ul>	<ul style="list-style-type: none"> <li>• Role delineation matrix and financial impact</li> <li>• Needs assessment/ Demand forecasting</li> <li>• Detailed contribution analysis supplied by Case mix</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of clinical services strategy</li> <li>• Care pathway redesign and implementation</li> </ul>
<i>How are we going to provide services in the most efficient and effective manner?</i>	Efficiency Strategy	<ul style="list-style-type: none"> <li>• Potential performance Improvements and Efficiency Gains identified</li> </ul>	<ul style="list-style-type: none"> <li>• Demand management initiated</li> <li>• Develop strategic efficiency improvement initiatives</li> <li>• Implement tactical cost reductions</li> </ul>	<ul style="list-style-type: none"> <li>• Implement strategic efficiency improvement initiatives</li> <li>• Core health service right sized</li> <li>• Demand management ongoing</li> </ul>
<i>How do we organise ourselves to deliver this agenda?</i>	Operating Model Redesign	<ul style="list-style-type: none"> <li>• Integrated Care Model Finance, Governance, Workforce, Facilities, ICT &amp; Business Systems</li> </ul>	<ul style="list-style-type: none"> <li>• Governance Planning across Finance, Governance, Workforce, Facilities, ICT &amp; Corporate Function</li> <li>• Performance management</li> </ul>	<ul style="list-style-type: none"> <li>• Service line management</li> <li>• Implementation of operating model plans</li> </ul>
<i>How do we ensure that we have the appropriate leadership &amp; capability?</i>	Leadership & Capability Development	<ul style="list-style-type: none"> <li>• Clinicians and other stakeholder engagement</li> </ul>	Cultural and Behavioural Change <ul style="list-style-type: none"> <li>• Medical engagement &amp; leadership</li> <li>• Consumer engagement</li> </ul>	