

# Staff Consultation Paper

## Proposed Planning, Partnerships and Allied Health Directorate Line Management Change

**Date:** 1 April 2026

**Prepared by:** Kathryn Watson, District Director Planning, Partnerships and Allied Health

Distributed to: Planning, Partnerships and Allied Health Directorate, Health Services Union, NNSWLHD Chief Executive and NNSWLHD People and Culture Directorate

---

### Background

The Planning, Partnerships and Allied Health (PPAH) Directorate was formally established in mid-2025, as part of broader functional realignment changes across Northern NSW Local Health District (NNSWLHD). The establishment of this new Directorate brought together a diverse range of enabling and strategic functions to refine and optimise the organisation's operating model. The line management changes incorporated a shift of clinical services from the former Integrated Care and Allied Health Directorate to more appropriately sit within Clinical Operations. Strategic and enabling functions were either transitioned or remain in the newly established PPAH Directorate. This includes Planning, Integrated Care (including Value-Based Health Care, Integrated Care, Virtual Care, Integrated eSolutions), Service Redesign and Innovation, Performance Data and Business Intelligence, Health Information Management, and elements of Clinical Coding.

The amalgamation of the teams into the new PPAH Directorate aligns with state-level changes at the Ministry of Health and Pillar organisations and will enable coordinated local responses to statewide planning, connected care, enhanced data and analytics, efficiency, effectiveness and equity of current and future service delivery to meet the needs of our communities now and into the future.

As part of initial District reporting line changes in 2024/25, further line management changes were anticipated and communicated during the initial transition. These changes are now proposed to structure the PPAH Directorate to deliver on its purpose effectively and efficiently, with enhanced organisational agility to anticipate and respond to priority programs, projects and initiatives.

As communicated to all staff and senior managers, the Directorate will also take on the function of a Program Management Office (PMO) along with some business as usual (BAU) elements of the Creating a Sustainable Futures Together Program. The structure, resourcing and line management of the PMO is yet to be determined and is out of scope of this consultation paper. No existing positions in the current PPAH Directorate are anticipated to be directly affected by taking on the PMO function, however teams and work programs will be expected to provide subject matter expertise, guidance and support for prioritised projects as directed by the Executive Leadership Team and Board.

## Purpose of this consultation

The purpose of this paper is to outline minimal proposed line management and position description changes to enable the organisation to drive greater value through new ways of working that optimise the resources available to meet organisational and system priorities.

This paper outlines line management changes indicated in previous communication to define the purpose, functions and proposed high-level work areas of the teams within the Directorate designed to enable the LHD to:

- strengthen alignment across teams, services, Directorates and external partnerships
- enhance operational efficiency, identify and act on value-driven priorities
- support strategic and professional clinical leadership, particularly through the establishment of clinical networks and Allied Health professions across the LHD.

Positions will not be downgraded by these changes. All position descriptions will be reviewed to reflect the new Directorate and the evolving priorities of the District and health system. Such changes are part of the usual consultative review processes, for example during annual performance appraisals.

This paper is not intended to outline the workplan or direction for each individual or team. Each team in the Directorate is aware of their deliverables outlined in the NNSWLHD Operational Plan and PPAH Directorate Operational Plan, both aligning with the NNSWLHD Strategic Plan and other relevant NSW Health and state plans.

We invite feedback from staff and stakeholders to help shape the final structure to ensure it supports these shared goals and ways of working to achieve the NNSWLHD vision where ‘together, we deliver excellent care now, for a healthier community tomorrow’.

## Why these changes are needed

The health system is rapidly evolving. To meet increasing demand, ongoing funding constraints, challenges with a federated health system, and changing population needs, we must be strategic, agile, and future-focused. The proposed changes will support the Directorate and organisation to:

- enable and support greater clinical leadership enabled through the development of clinical networks and streams
- develop and support the Allied Health workforce
- plan, design and deliver value-based services that meet community needs and expectations
- strengthen strategic partnerships, innovation and healthcare improvement science
- enable data-driven decision-making through advanced analytics
- enhance project and change management across the organisation.

Historically, some roles within the Directorate were created in response to Ministry or Pillar Agency initiatives or priorities at the time. Many of these came with short-term funding to support these with an expectation that LHDs direct efforts locally and transition into BAU over time.

At times, NSW Health and the LHD cannot always anticipate high priority, short-term requirements or opportunities that may arise from the complex funding and operating systems between state, Commonwealth, non-government and private sector entities. Teams within the Directorate are familiar with and adaptive to these situations and have often paused, ceased or pivoted workplans to focus resources on critical priorities.

The District is proactively responding to and anticipating this way of working through bringing together a diverse range of strategic teams across the PPAH Directorate to enable a contemporary operating model to support the functions of the LHD.

The PPAH Directorate will support a contemporary organisational operating model built to identify local needs whilst pre-empting state and Commonwealth priorities where possible. This will ensure that the LHD is well-positioned to respond to future challenges and opportunities in an environment where we know there will be change. This change will require us to focus our existing human resources on agile ways of working that identify and drive organisational and healthcare value. The proposed line management change is an opportunity to shape a Directorate that:

- is effective and strategically aligned
- drives and supports healthcare improvement and innovation
- is responsive to and pre-emptive of community needs, and system priorities to deliver value within our resource allocation.

We are committed to working collaboratively with all staff to ensure a smooth transition and to co-design workplans that reflect team and individual strengths to deliver on organisational priorities.

#### **What's proposed to change and what's not**

- Line management changes are proposed for a few staff to improve alignment, efficiency, support, professional oversight and development.
- Positions will not be downgraded as part of this change.
- No staff are 'affected' in terms of employment status or grade.
- Some position descriptions will be refined to align with the organisation's strategy, priorities and future-readiness.
- The Health Information Management team is implementing a separate process of review and is excluded from this consultation paper.
- The Business Intelligence and Analytics Unit will undergo a review in mid-2026 now that the new Associate Director has commenced.

#### **Current structure**

The existing structure of the Directorate (Figure 1) is the result of the transition of four teams to PPAH as part of the previous District line management change. The existing structure is the result of a 'lift and shift' line management change that is inefficient and limited in providing managerial direction, professional support, team-based efficiencies and growth opportunities.

Figure 1 April 2026 Reporting line structure

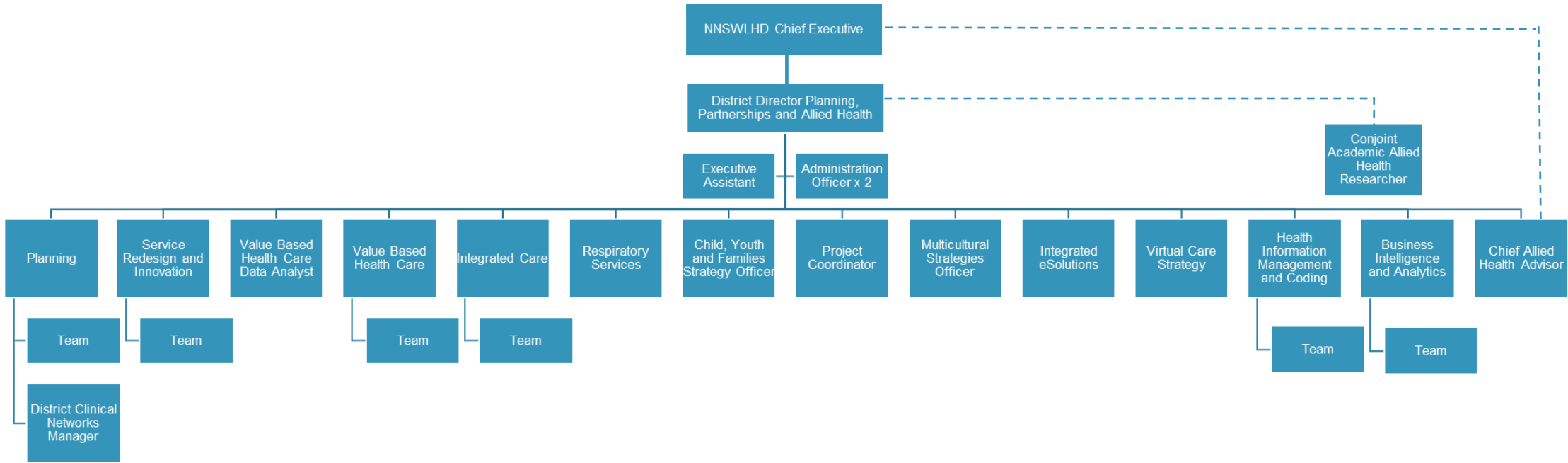
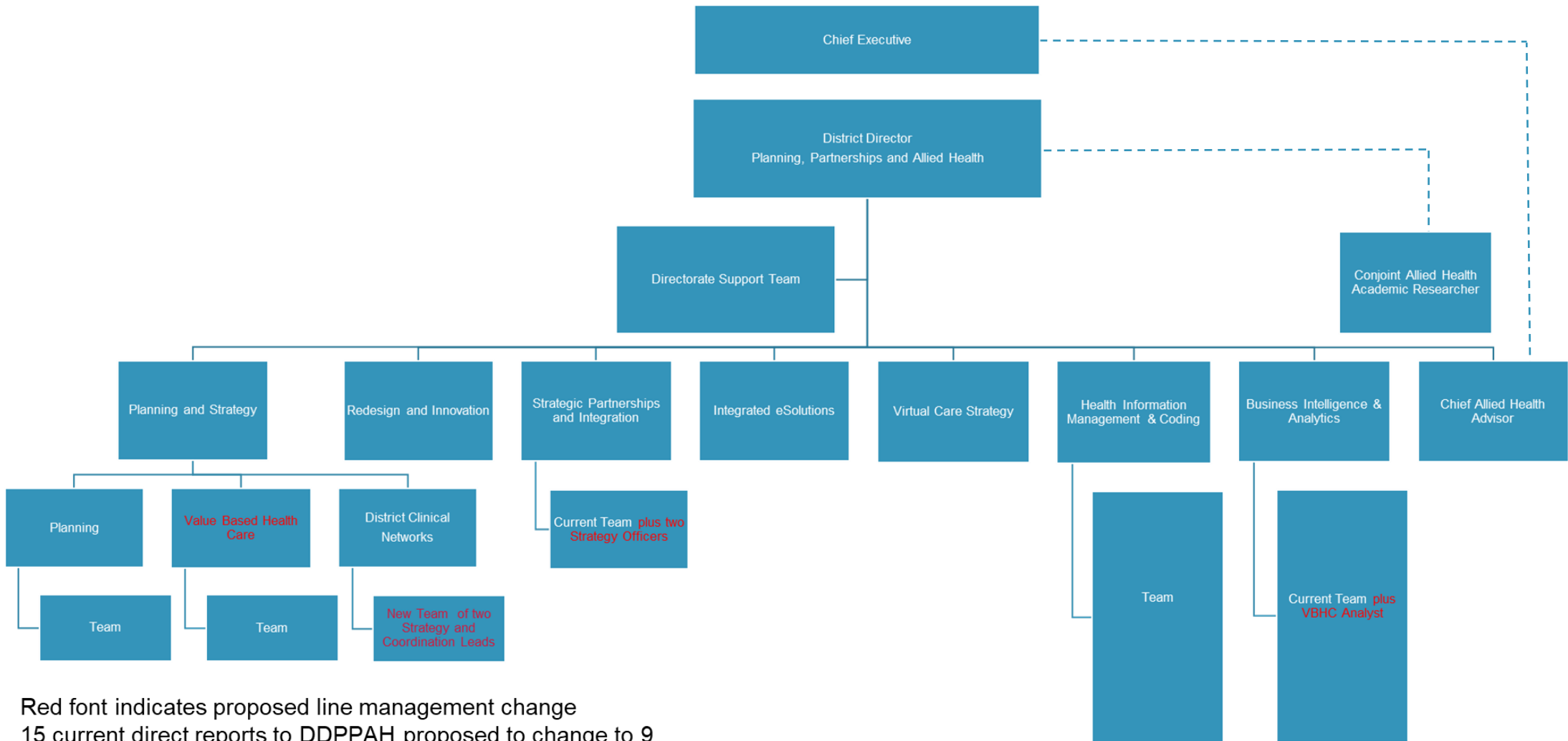


Figure 2 Proposed reporting line structure



Red font indicates proposed line management change

15 current direct reports to DDPPAH proposed to change to 9

Link Value Based Health Care with District Clinical Networks and Planning

Incorporate Value Based Health Care Analyst into the Business Intelligence and Analytics Team

Two Strategy positions move from reporting to DDPAH to report to Strategic Partnerships and Integration Manager

Two Strategy and Coordination Leads move from reporting to DDPPAH to District Clinical Networks Manager

## Proposed reporting line structure

Figure 2 outlines the proposed line management changes with red font indicating positions that are proposed to have a change in their line management. Further detail around the proposed changes is outlined below.

### Directorate Support Unit

Proposed centralised team to support Directorate functions and projects.

#### Current Structure:

The current structure includes the Executive Assistant to the District Director of Planning, Partnerships and Allied Health along with a Directorate Administrative Support Officer providing broader Directorate support and reporting to the EADDPPAH. A 0.6FTE AO5 that previously supported the Service Redesign and Innovation team transitioned line management change to report to the EADDPPAH in 2025. This team will assist the broader functions of the Directorate. No changes have been made to role accountabilities other than incorporating a broader range of stakeholders and projects requiring assistance prioritised by the EADDPPAH, DDPPAH and Executive Leadership Team.

### Planning

#### Current structure:

The current Planning Team structure includes a HM5 Associate Director Planning overseeing a budgeted two HM3 (one vacant) Senior Planning Officers and a HM2 Planning Officer. The team leads a broad range of strategic and operational planning functions including, but not limited to:

- strategic, regional and cross-sector planning
- clinical service and infrastructure planning
- operational and business planning
- broader organisational and system improvement initiatives.

Additionally, the team leads, coordinates or is involved in multiple projects, initiatives or activities that shape the current and future scope of clinical service delivery across the LHD.

In response to advice over past years, the former structure of HM5 and three HM3 Senior Planning positions was realigned to enable better business continuity and development by regrading a vacant HM3 to a HM2 entry level planning position.

#### Proposed change:

The HM3 Senior Planner is being regraded to a HM4 Planning Manager as planned previously. The team will retain the HM2 Planning Officer position. The vacant HM3 Planning Officer position will remain unfilled at present with the budget retained to enable flexibility to respond to service need and state-wide direction through commissioning contractor expertise where required for urgent advice or projects the team is unable to respond to within current capacity. This approach will allow the Directorate to consider permanent recruitment to the role in future if required, noting the challenges in securing suitably skilled

and experienced mid-level planning staff to a HM3 role. It is proposed that the HM2 Planning Officer and currently vacant HM3 Senior Planner report to the regraded HM4 Planning Manager (pending approval).

## District Clinical Networks Proposed structure

### Current structure:

The District has created and recruited a HM4 District Clinical Networks Manager to lead a team that will identify, implement and support clinical networks and streams over the coming years. The position will oversee a team that supports the development and implementation of value-driven models across clinical streams and networks by drawing on the skills and experience of the broader Directorate team including, but not limited to analytics, stakeholder engagement, partnership development and service redesign principles.

The LHD has regraded the Manager Respiratory Services and Child, Youth and Families Project Officer to a broader position description titled Strategy and Coordination Lead, Clinical Networks (HM3). Both roles have performed functions to support formal and informal clinical streams in their current role, are supportive and agreed with the change. Both staff members have been involved in the development of the new position description, proposed structure of the team and broader framework underpinning the development of streams and networks.

## Value Based Health Care

### Current structure:

The Value Based Health Care Team consists of two FTE over three part-time HM3 led by the HM4 Manager Value Based Health Care. The three HM3 team members are Patient Reported Measures Implementation Leads responsible for leading the design, implementation, and evaluation of the PRMs program across NNSWLHD. Through stakeholder engagement, change management, and capability building, the positions support the integration of patient-reported data into clinical and organisational decision-making – ultimately enhancing value by aligning care with what matters most to patients.

Through greater local investment over the years since implementation, NNSWLHD is one of the more advanced LHDs in the capture and use of PRMs. This has enabled the District to identify that there are missed opportunities in better using this data to inform service and system improvements.

The District has temporarily paused the rollout of further PRM implementation while it focusses on developing systems and processes to more strategically use PRM data for service quality and system improvement. Concurrent work is occurring at the Ministry of Health (MoH) and Agency of Clinical Innovation (ACI) to look at this more broadly, with one of the Secretary of Health's 17 priorities to consolidate the collection and use of patient experience measures across the state.

Aligning the team with the District Clinical Networks and Planning teams will enhance operational efficiency and efforts towards planning, designing and driving value-driven services and decisions. One example is by supporting networks and streams to incorporate and deliver on insights provided through more strategic use of PRMs collected. As value-based healthcare increasingly becomes a foundational and essential principle in healthcare

systems, PRMs are no longer standalone tools – they are critical enablers of system-wide transformation aimed at improving health outcomes, patient experiences, and sustainability.

Minor changes are proposed to the current PRM position descriptions to reflect a broadened focus to strategic value-based care initiatives that include but extend upon the collection of PRMs. This broader scope ensures that PRM Implementation Leads are not only technical experts but also strategic partners in delivering care that is person-centred, outcomes-driven, and aligned with the Quintuple Aim.

The positions will remain responsible for implementing agreed PRMs, but also focus on more strategic use of patient-reported data and identifying value-based health care principles to inform service redesign, clinical decision-making, and continuous improvement. The minor changes to the position description will not incorporate greater workload or responsibility and will not require a regrade.

#### **Proposed actions:**

Change the line management of the Value Based Health Care Manager to report to the Associate Director of Planning and Strategy alongside the Planning and District Clinical Networks teams.

Revise the PRMs Implementation Leads position descriptions to incorporate value-based health care more broadly.

Proposed actions would require regrading of the Associate Director Planning to incorporate the additional functions of the teams proposed to report to this position.

#### **Redesign and Innovation**

The 0.6FTE HM3 Innovation Manager is backfilling the Manager Service Redesign and Innovation while the incumbent is on extended long service leave to September 2026. The HM4 Manager Service Redesign and Innovation will remain reporting to the DDPPAH and will focus on strategic work to support the future amalgamation of innovation, healthcare improvement and redesign to align with the future operating requirements of the organisation.

It is proposed that this position will apply their advanced change management and healthcare improvement expertise to support proposed PMO functions of the Directorate going forward, continuing the function of advising organisational areas on the selection of appropriate methods, skills and resources required to support evaluation, design, redesign and implementation of new models of service delivery and models of care.

No line management change proposed.

#### **Strategic Partnerships and Integration**

##### **Current structure:**

The Integrated Care Team consists of a HealthPathways Manager and the Manager for Disability Inclusion, Patient Experience and Co-design, both reporting to the Manager Integrated Care. These roles support partnerships and input from key stakeholders, community members, consumers and carers to better integrate care across settings and sectors.

## Proposed Structure:

Service integration across settings and systems requires strategic partnerships. Over recent years, NSW Health has incorporated former 'Integrated Care' programs and directions into a newly established 'Connected Care' program area within the MoH. This has seen a shift from previous 'Integrated Care' program areas and supplement funding to support these, to a broader focus incorporating virtual care, urgent care services, aged care outreach services and other strategic partnership areas.

In response to the system shift, it is proposed that the former Integrated Care Manager be retitled to 'Strategic Partnerships and Integration Manager'. This position has historically enabled, supported and guided implementation of initiatives to support integration across services, either through locally identified priorities and opportunities, or through MoH supported pilots. This team has had a leading role in coordinating partnerships with external stakeholders such as Healthy North Coast, Aboriginal Medical Services, non-government organisations and other internal partners such as NSW Ambulance and Tresillian.

As outlined in the NNSWLHD Strategic Plan, and through the underlining primary and secondary drivers, the organisation has committed to establishing and maintaining strategic, deliberate and intentional partnerships to deliver on our vision. The focus of this position will therefore broaden to strategic partnerships aimed at improving integration within and across the multiple health system areas. The District has multiple partnerships and agreements across several areas.

This team will provide centralised, coordinated oversight and support, for strategic partnerships across the LHD. It is not intended that this will be day to day management of partnerships, rather it will support the identification and further development of opportunities to integrate broad areas, developing strategic agreements, key performance indicators, funding and grant coordination, monitoring and evaluating strategic partnerships.

The HealthPathways Manager role is proposed to remain unchanged. The work program of the Manager for Disability, Patient Experience and Co-design is proposed to shift to a more strategic and agile focus with proposed transitions of the disability inclusion elements of the role shifting to People and Culture given the nature of the work and function. Co-design is an important way of working that the District has advanced in recent years because of the focus of this position. There are now several supporting tools, functions and process documents available at the state and local level to enable continuation of this work. It is therefore recommended that this position is broadened to a more agile and less specific position description to support the proposed Strategic Partnerships and Integration Team.

It is proposed to incorporate the Multicultural Strategy Officer position into this team. This position works with internal and external stakeholders to improve service access, literacy and integration to improve health outcomes for our multicultural residents across the region. The strategic partnership focus of this role aligns with the intent of the team.

Additionally, the Priority Populations Strategy Officer formerly titled the Women's Health and Child and Family Strategy Officer works in a similar context. This role was renamed and broadened to a more generic position description over the past few years. The position supports not only the First 2000 Days Strategy local response but fosters strategic partnerships across sectors to benefit women's, child and family health, and therefore sits aptly in the proposed Strategic Partnerships and Integration Team.

## Integrated eSolutions

No change is proposed to the current role and reporting line; however, the incumbent is contributing to broader work on data and analytics capability and capacity development along with PMO options for future consideration. As NNSWLHD progresses with this, along with the implementation of the Single Digital Patient Record (SDPR), this position may take on strategic program management functions as required, in line with the current position description and grading.

## Virtual Care Strategy

No change is proposed to the current role and reporting line, however Directorate teams may at times be required to assist and support this role in the development and implementation of the virtual care expansion program. This position will be expected to work closely with the Planning and Strategy Unit to assist and enable virtual care models to support Clinical Streams and Networks and Value Based Health Care initiatives.

## Health Information Management

This unit is excluded from this line management change as it is currently finalising the implementation of an approved restructure planned prior to transitioning to PPAH.

## Business Intelligence and Analytics

Following the 2023 MoH Foundation Review of the LHD, NNSWLHD committed to establishing a centralised Business Intelligence and Analytics Unit to advance efficiencies in the delivery of data, intelligence and insights across the organisation. Consequently, the 2024/25 District line management change involved the transition of the former Performance and Analytics Unit to PPAH with the intention of amalgamating some of the disparate activity data quality, reporting, costing, analytics and development functions across the LHD into a centralised area.

The newly established Associate Director of Business Intelligence and Analytics has now commenced and will advise on future consolidation and strengthening of these functions across the LHD. Further change is likely over the coming years as NSW Health and the LHD advance with the implementation of the Single Digital Patient Record and enhanced analytics functions enabled through this monumental system change.

The Value Based Health Care Data Analyst within the former Integrated Care Directorate is a sole and senior level analyst within the organisation and is proposed for line management change to this team, directly reporting to the Associate Director of Business Intelligence and Analytics. This will enable enhanced analytics capability through alignment with other functions and provide enhanced opportunity for operational and professional development by aligning the sole operator with other complementary functions with supporting and advanced subject matter expertise.

## Chief Allied Health Advisor

The District organisational line management structure change enacted over late 2024/25, outlined the establishment of a new Chief Allied Health Advisor role to support the DDPPAH and Chief Executive. This role provides strategic leadership and professional oversight for the Allied Health workforce across NNSWLHD. The role is responsible for identifying opportunities to develop and optimise the current and future Allied Health workforce in alignment with local and state priorities. It will drive workforce planning, service innovation, and collaborative models of care, while also representing the District in state-level forums, and contributing to research and academic partnerships that strengthen allied health capability and impact.

## Summary of proposed changes

### New positions

Position	Reporting to	Status
Chief Allied Health Advisor	DDPPAH	New position recruited to.
District Clinical Networks Manager	AD Planning	New position recruited to.
Associate Director Business Intelligence and Analytics	DDPAH	New position recruited to.

### Positions currently transitioning line management

Position	Reporting to	Status
Respiratory Services Manager	From DDPPAH to District Clinical Networks Manager	Line management change and change to non-specific streams. PD graded.
Child, Youth and Families Project Officer	From DDPPAH to District Clinical Networks Manager	Line management change and change to non-specific streams. PD graded.
Senior Health Service Planner	No change	Regrade underway.

### Remaining positions with proposed line management or minimal PD changes

Position	Reporting to	Status
Associate Director Planning	Nil	Update role title and include additional line management duties. Regrade required.
Value Based Health Care Manager	From DDPPAH to AD Planning and Strategy	Line management change. Remove dated content and possible title change.

Position	Reporting to	Status
Patient Reported Measures Implementation Leads	Nil	Update PD to broaden to Value Based Health Care.
Priority Populations Strategy Officer	From DDPPAH to Strategic Partnerships and Integration Manager	Line management change. Remove dated content. Title change.
Multicultural Strategies Project Officer	From DDPPAH to Strategic Partnerships and Integration Manager	Line management change. Remove dated content.
Value Based Health Care Data Analyst	From DDPPAH to AD Business Intelligence and Analytics	Line management change. Remove dated content. Possible title change.

### Staff impacts

As a result of the line management changes some staff will have their reporting line changed. The overall impact of the changes is expected to be low and will be offset by the benefits associated with the realignment of teams.

There will not be any changes to working conditions (such as non-shift work status Monday – Friday), existing part-time arrangements, job share and flexible work practices where operationally possible. In line with policy PD 2025\_005 staff are expected to complete at least the majority of their rostered working hours in a NNSWLHD facility. This requires staff to principally (at least 50 per cent of their work time) work in an approved NSW Health office/workplace or related worksite. Approval of flexible work practices will be on an individual case by case basis in accordance with the policy.

### Learning and development

The changes outlined above may highlight areas where staff would like or need further learning and development to support current and future functions. Staff are encouraged to identify and request professional development or support that they feel will assist them through this process or enhance their ways of working within the new structure. NNSWLHD is committed to ongoing learning and professional development and will support this provided staff have completed mandatory training and development requests align with strategic imperatives and are outlined in current performance and development plans.

### Support

Change can be challenging, and managers will be available to support staff through this process. Staff can contact Kathryn Watson, District Director Planning, Partnerships and Allied Health, or Michelle McCray, Associate Director Employee and Industrial Relations, for support.

Additionally, the Employee Assistance Program provides confidential assistance and is available online at [one.telushealth.com](http://one.telushealth.com) or by telephone 1300 361 008.

Confidential one on one coaching is also available through Telus Health 1300 361 008.

## Consultation Process

NNSWLHD is committed to a transparent and inclusive consultation process. Staff are encouraged to provide feedback on the proposed line management changes, including, but not limited to:

- opportunities or risks you foresee with the change in line management
- strategic suggestions for the Directorate functions and structure
- support or resources that may be needed during the transition
- other considerations or concerns that may impact you, stakeholders or the organisation.

You can provide feedback on the proposed line management change by emailing [NNSWLHD-ReportingLines@health.nsw.gov.au](mailto:NNSWLHD-ReportingLines@health.nsw.gov.au) by **5 pm Friday 17 April 2026**.

## Key dates and next steps:

This paper has been delivered to you individually and the Health Services Union on this day of **Wednesday 1 April 2026**.

Your feedback will be considered, and a response provided either individually or at the Directorate forum scheduled for **Wednesday 22 April 2026**. Proposed timelines for the enactment of proposed changes will also be outlined in the forum.

## Summary of next steps following closure of the consultation period:

1. Feedback will be reviewed and incorporated where possible and in line with the organisation's priorities and directions.
2. Feedback and proposed ways of addressing this will be discussed in the Directorate forum on **Wednesday 22 April 2026**.
3. Final decisions will be communicated with implementation timelines.
4. Support mechanisms for line management changes will be put in place.
5. Position descriptions proposed for minor changes will be updated in collaboration with the relevant staff and in alignment with usual workforce practices.
6. The Health Services Union will be informed and updated.