

Hastings Macleay Redesign

1A update
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Acknowledgement of Country

I acknowledge the Traditional Custodians of the various lands on which we work today and the Aboriginal and Torres Strait Islander people participating in this process.

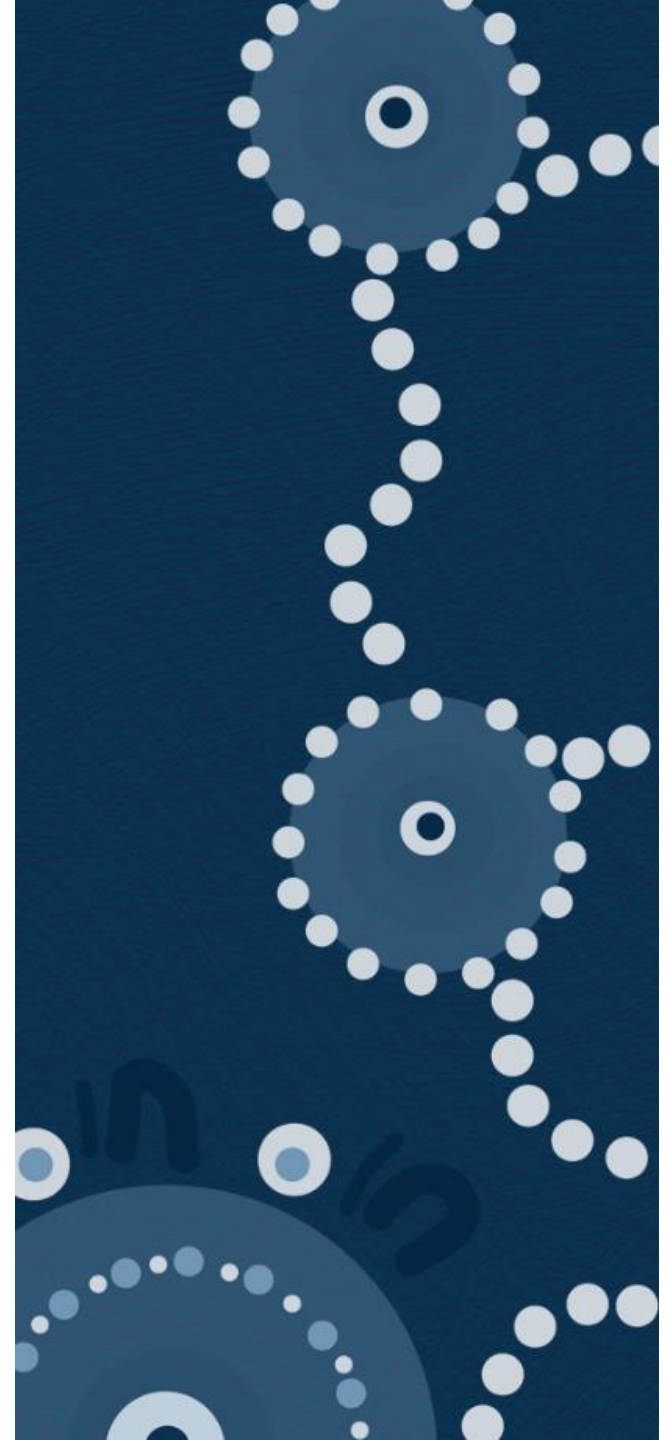
I pay my respects to Elders past, present and emerging, and recognise and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

Artwork by Lisa Kelly of Gumbaynggirr Country

Background

The redesign is an opportunity for innovation in Kempsey, it is an investment in local, contemporary models of care that are culturally relevant and sustainable.

Mid North Coast Local Health District will become the state's first local health district to pilot a new model of care that supports patients to stay at home while receiving contemporary mental health care in the least restrictive and most recovery-oriented setting.



What are the changes

The Hastings Macleay redesign is intending to:

- Reallocate bed-based mental health inpatient care from Kempsey Mental Health Inpatient Unit to Port Macquarie Mental Health Inpatient Unit (Ward 1A).
- Create access to acute, hospital-level care for Kempsey residents in their own homes as an alternative to bricks and mortar inpatient admission through establishment of an innovative Mental Health Hospital in the Home (MH HiTH) Program.
- Re-establish the Aboriginal Specialist Wellbeing Service.
- Establish an Aboriginal-Led Safe Haven service in the Kempsey community.

The redesign prioritises least restrictive care, culturally safe services, and local solutions for Kempsey residents.



Why Centralise Inpatient Services?

Centralising inpatient resources across the District will enhance the efficiency, quality and responsiveness of mental health services. As part of this approach, MNCLHD will relocate voluntary mental health beds from Kempsey District Hospital (KDH) to the purpose-built, modern Mental Health Unit at Port Macquarie Base Hospital (PMBH) and provides improved flexibility to access both involuntary and voluntary beds across the District.

Data from 2024/2025 financial year shows that Kempsey residents utilise the Kempsey Mental Health Inpatient unit less than people from outside Kempsey. This lack of service utilisation locally highlights the need for an alternative to hospital-based care for Kempsey and improving access to involuntary care for those who need it.

The transition enables the District to meet patient needs and demand, ensuring more consistent, equitable, and high-quality care for the community.



Agency for Clinical Innovation Redesign Program



MNCLHD is pursuing innovative models of care identified through the Agency for Clinical Innovation's (ACI) Mental Health Reform – Redesign Program, aiming to implement Mental Health Hospital in the Home (HITH). This will provide further services to voluntary patients in Kempsey.

MNCLHD will become the state's first local health district to pilot this new model of care that supports patients in the least restrictive way and provide care in the comfort of their home with their usual supports.

This does not stop Kempsey people accessing inpatient services in the district if required



Intent of the change

The change will involve staff working in the Kempsey Mental Health Inpatient Unit.

Staff will have the option to transition to the Port Macquarie Mental Health Inpatient Unit, to a variety of roles in the Community Mental Health team in Kempsey, in roles within the broader IMHAOD services (including HITH), or Kempsey Hospital teams. Any staff member affected by the proposed changes will be supported via the processes outlined in;

- NSW Premier and Cabinet Directive Agency Change Management Guidelines (D2011 014)
- NSW Health Policy Directive: Managing Excess Staff of the NSW Health Service (PD2012 021).



What do we mean by consultation?

Consultation is an important part of the redesign process.

This consultation provides staff and their representatives with the opportunity to understand the proposed changes, ask questions, and provide feedback.

Table of proposed changes to positions in Kempsey Inpatient Unit

| Org Chart No. | Position | No Change | Reporting Line Change | Position Name Change | Position Location Change | Regrade | FTE | Description of Proposed change |
|---------------|---|-----------|-----------------------|----------------------|--------------------------|---------|------|---|
| 1 | Director Integrated Mental Health, Alcohol and Other Drugs | X | | | | | | |
| 2 | Integrated Mental Health, Alcohol and Other Drugs Director of Nursing | x | | | | | | |
| 3 | Nurse Manager Mental Health Inpatient Services | x | | | | | | |
| 4 | Psychiatrist | | | | x | | 1.0 | VMO Psychiatrist will transition to Port Macquarie Inpatient Unit |
| 5 | Psychiatry Registrar | | | | x | | 1.0 | The Psychiatry Registrar will transition to Port Macquarie Inpatient Unit |
| 6 | Nurse Unit Manager 1 | | x | x | x | x | 1.0 | Currently vacant and could remain in Kempsey for MH HITH may be proposed to clinical. |
| 7 | Clinical Nurse Educator | | x | x | x | x | 0.53 | Vacant and could remain in Kempsey for HITH. may be proposed to clinical. |

Table of proposed changes to positions in Kempsey Inpatient Unit cont.

| Org Chart No. | Position | No Change | Reporting Line Change | Position Name Change | Position Location Change | Regrade | FTE | Description of Proposed change |
|---------------|---------------------------|-----------|-----------------------|----------------------|--------------------------|---------|-------|--|
| 8 | Administration Officer 4 | | x | | | | 1.0 | This position will transition to the Kempsey Community Mental Health Services and report to their Nurse Unit Manager |
| 9 | Registered Nurse | | x | x | x | | 10.21 | 10.2 FTE will transition to Port Macquarie Inpatient Mental Health Unit. 3.4 FTE is not permanently recruited. |
| 10 | Enrolled Nurse | | x | x | x | | 1.63 | 1.00 FTE will transition to the Port Macquarie Inpatient Mental Health Unit and 0.63 could remain in Kempsey for MH HITH. 1.00 FTE is not permanently recruited. |
| 11 | Health Security Assistant | | x | x | x | | 2.37 | 0.84 FTE will be transitioned to Port Macquarie Mental Health Inpatient Unit and 1.53 FTE will remain in Kempsey as part of Community Mental Health. 0.84 FTE is not permanently recruited. |
| 12 | Social Worker | | x | x | x | | 1.0 | 0.5 FTE will transition to the Port Macquarie Inpatient Unit and 0.5 FTE will transition to MH HITH. |

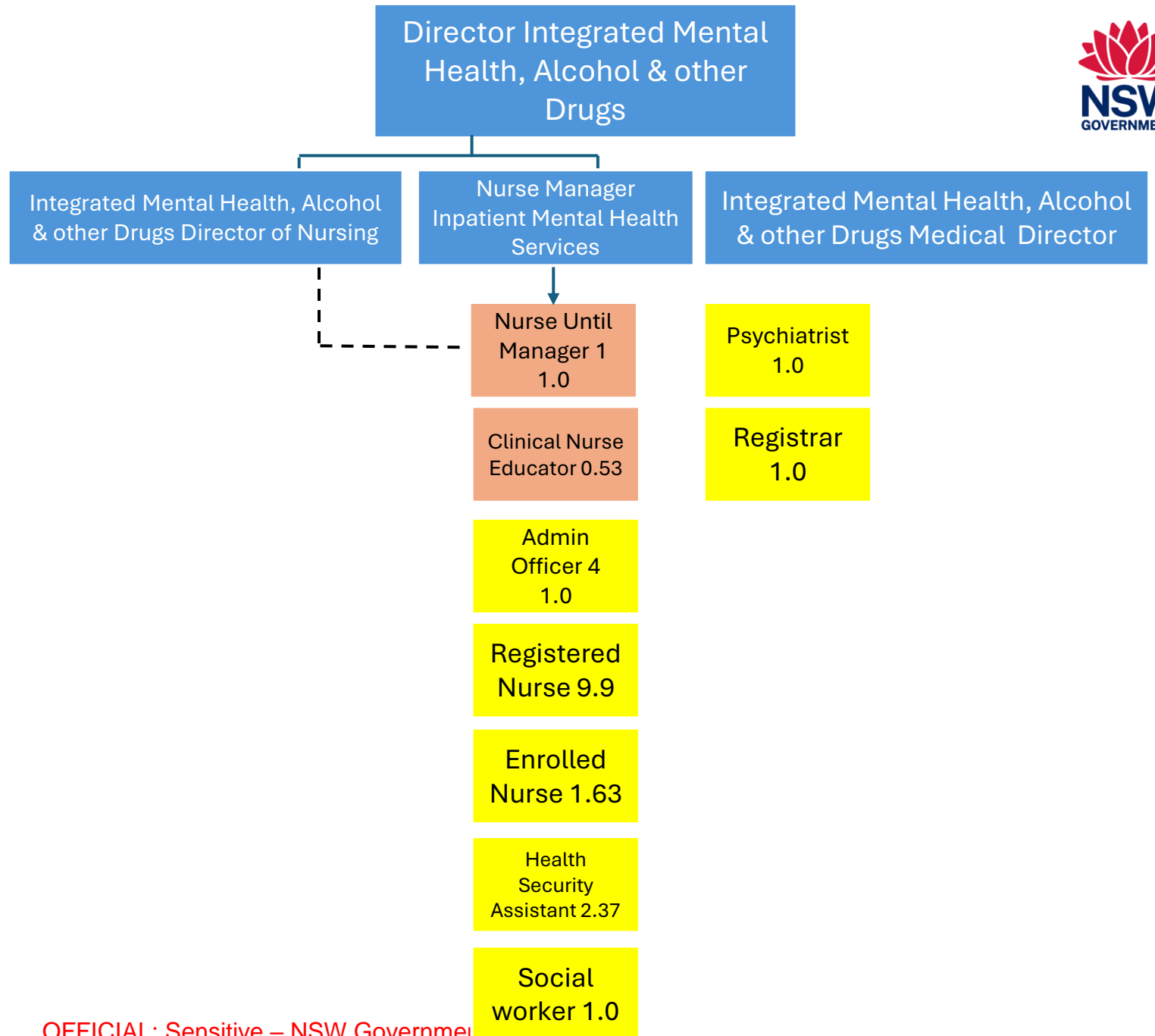
Outcome

Total positions in Kempsey Inpatient Unit = 19.74 FTE

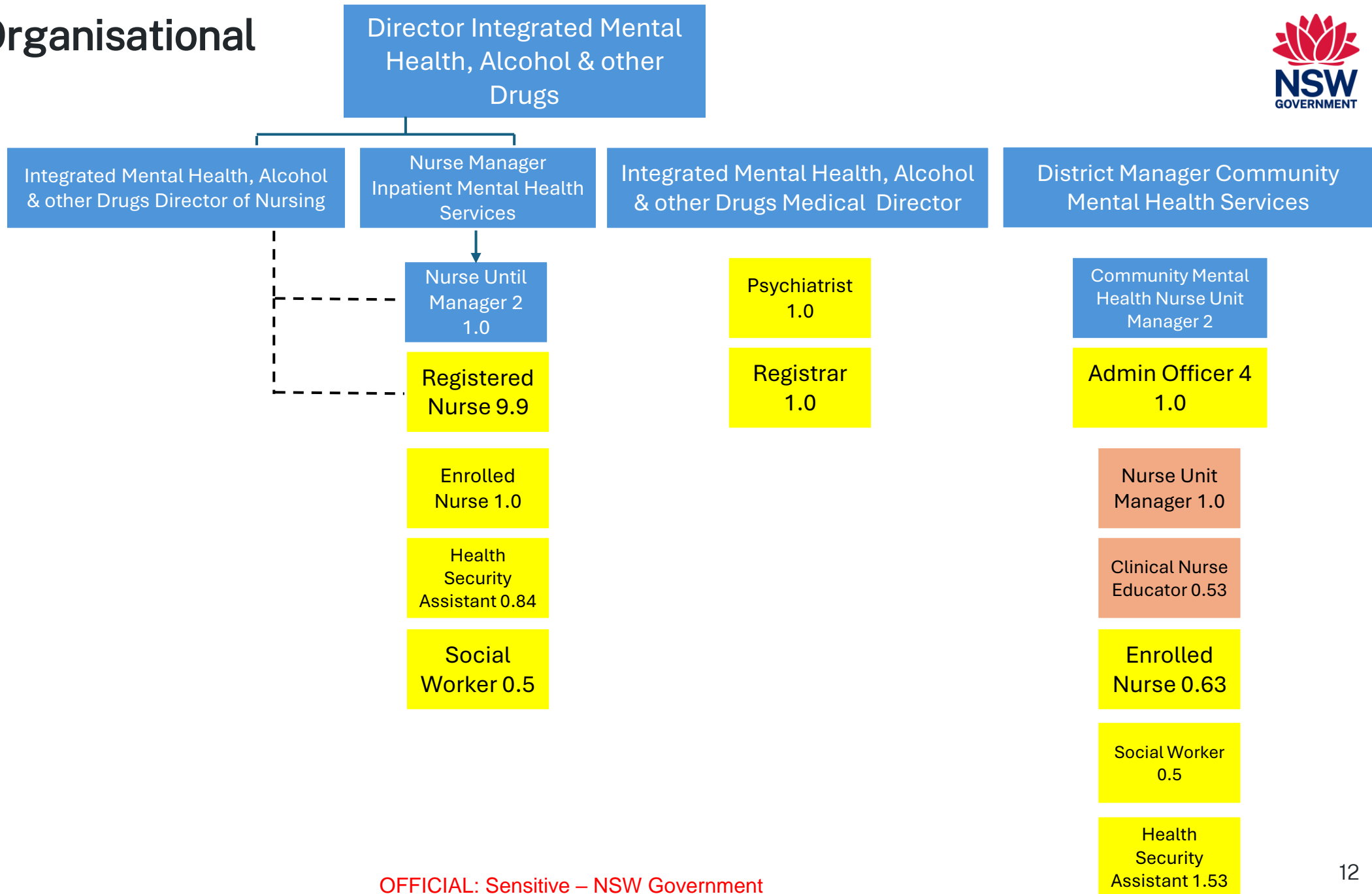
Total positions transitioning to Port Macquarie Inpatient Unit = 13.37 FTE

Total positions transitioning to Kempsey Community Mental Health/Mental Health Hospital in the Home= 4.37 FTE

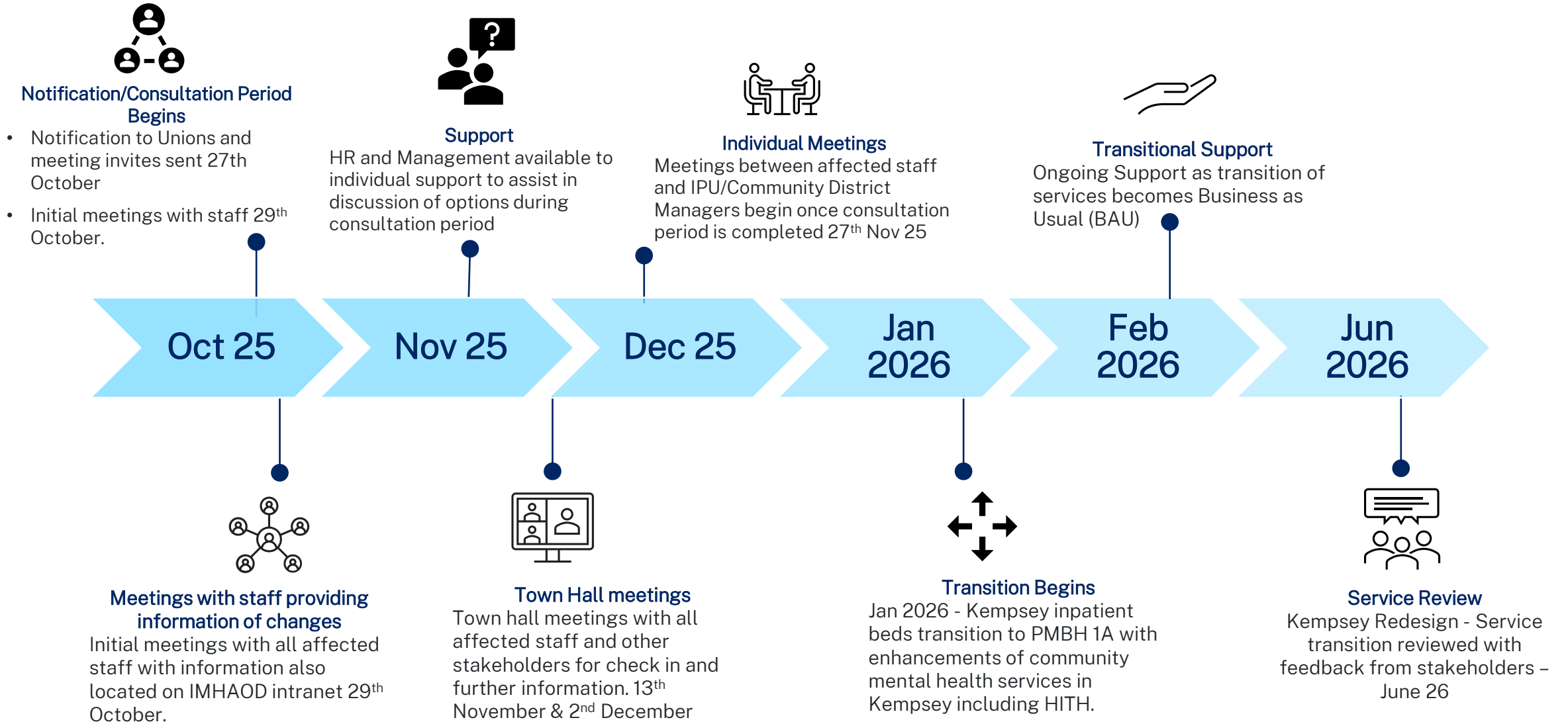
Current Structure Kempsey Mental Health Inpatient Unit



Proposed Organisational Structure



Timeline of Change



Opportunities for information/ questions/ feedback during consultation

Staff should/will have received invites for;

- Town Forum Meetings – with Inpatient Services District Manager
- Drop-ins- IMHAOD Director of Nursing
- Drop-ins – Human Resources
- QARS Survey
- On request by individual staff, with members of the Management team
- EAP is available on 1800 818 728

Consultation period details

| | | |
|---|---|---|
| 27th October Monday | 29th October Wednesday | 29th October- 27th of November |
| <ul style="list-style-type: none"> Staff & Union Correspondence including meeting details sent | <ul style="list-style-type: none"> Information sessions with individual teams Correspondence to staff involved IMHAOD all staff forum including associations and unions Intranet page updated | <ul style="list-style-type: none"> 4 weeks consultation period drop-in meetings opportunities for staff to consult with HR and Mental Health Managers QARS feedback form |
| 13th of November | 2nd December | 3rd of December |
| <ul style="list-style-type: none"> 2pm town hall Staff and key stakeholders | <ul style="list-style-type: none"> 2 pm town hall Staff and key stakeholders | <ul style="list-style-type: none"> Individual meeting with staff regarding individual changes to role |

QARS Redesign Feedback

1. What should be considered when making the changes to Mental Health Services in the Hastings/Macleay Network? (Responses 13/13)

Themes of the feedback so far;

- **Resource Allocation & Equity**- Strong concern about not reducing FTE or resources in Kempsey, a disadvantaged community. Any bed closures should result in equivalent investment in Kempsey community services.
- **Consumer-Centered Care** - Prioritise consumer needs, safety, and lived experience voices in decision-making.
- **Cultural Safety** - Respect First Nations values, including treatment on-country and cultural practices during relocation.
- **Staff & Patient Safety** - need for more HSAs, security focus, and better staffing ratios.
- **Service Quality** - Calls for psychoeducation and therapeutic groups on wards, not just medication-based care.
- **Management & Workforce Issues** - Permanent recruitment for leadership roles, fair pay for case managers, and genuine consultation with frontline staff.

QARS Redesign Feedback

2. Ideas Around the Change (Responses 11/13)

Themes of the feedback so far;

- **Maintain Kempsey Resources-** Transfer Kempsey inpatient FTE to Kempsey community services, not Port Macquarie.
- **Cultural Engagement** - Include Elders, ceremonies, and culturally safe practices.
- **Communication & Transparency-** Regular updates, forums, and clear explanation of HITH (Hospital in the Home) model.
- **Partnerships & Service Expansion-** Collaborate with NGOs; employ psychologists for NDIS assessments.
- **Staffing & Safety-** Increase HSAs per shift; add cleaners to reduce workload and improve safety.
- **Caseload Management-** Cap case manager caseloads; create dedicated roles for legal processes (CTO, Guardianship).
- **Discharge Planning-** Mitigation strategies to prevent consumers being lost to care post-discharge.

QARS Redesign Feedback

3. Supports Needed for Staff During Transition (Responses 11/13)

Themes of the feedback so far;

- **Training & Upskilling-** Prepare Kempsey staff for community roles or acute settings; buddy shifts for confidence.
- **Clear Communication** Regular updates, one-on-one discussions, and transparency about job options.
- **Choice & Flexibility-** Offer options for roles, not forced relocations.
- **Practical Support-** HSU onsite support, supernumerary days, and peer support workers for patients.
- **Appropriate Training-** Staff want meaningful, role-specific training.
- **Operational Clarity-** Clear MoC for HITH, escalation pathways, and referral criteria.

QARS Redesign Feedback

4. Additional Feedback (Responses 6/13)

Themes of the feedback so far;

- **Community Impact-** Deep concern about resource loss from Kempsey to Port Macquarie; Kempsey seen as highly disadvantaged.
- **Positive Notes-** Appreciation for consumer involvement and communication so far.
- **Concerns About HITH-** Questions about feasibility for consumers in unstable housing; need alternative meeting spaces.
- **Staff Support-** EAP seen as insufficient; preference for open collaboration, clear policies, and leadership guidance.
- **Sense of Loss-** Closure of Kempsey ward viewed as a major blow to community and service accessibility.

Port Macquarie 1A

- Expansion of current 1A bed state from 12 to 20 beds
- Proposed additional 2 swing beds, purpose to be determined with consultation
- Proposed staged bed increase as new staff come online, commencing mid January, no expansion of bed capacity without adequate staffing, initial move to 16 beds with further expansion as staff come on line
- HSA cover 7 days, all shifts
- 1 x full time additional Consultant Psychiatrist
- Registrar cover will increase, exact FTE to be determined after further consultation
- 0.5 Increase in Social worker cover
- New role 1 x Full time Occupational Therapist, level 1-2