

Our File/N/Réf.  
 Your File/V/Réf.

DATE 31 March 2000

TO/DEST. Co-ordinator  
 Community Services Committee

FROM/EXP. Chief Administrative Officer

SUBJECT/OBJET **REVIEW OF HUMAN SERVICES DEPARTMENTS AND  
 FUNCTIONS**

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### **DEPARTMENTAL RECOMMENDATION**

**That the Community Services Committee and Council receive the attached summary reports on the Human Services Review and refer them to the Transition Board for consideration in developing the organizational structure of the new City.**

### **BACKGROUND**

On July 8 1999, the Community Services Committee approved an organizational review of all Human Services departments and functions. At this time, it was clarified that this broad review would incorporate a review of Public Health mandatory programs against the provincial guidelines as directed by the Committee on May 6.

The intent of this broad review of Human Services was to design an integrated delivery model that makes effective use of limited resources in delivering client-focused, responsive services. Key factors that have driven the need to investigate this area at this time included:

- devolution of services by the Provincial Government to Consolidated Municipal Service Managers (CMSMs);
- changes in funding and associated fiscal pressures;
- changing demographics, and social and geographic patterns;
- emerging priorities such as homelessness and early child development;
- municipal restructuring and an interest in integrating services and streamlining service delivery; and
- advances in technology.

**Reference Item 5**  
**Community Services Agenda, 6 April 2000**

Attached for your review are summary reports from the consultants, Deloitte & Touche, addressing both the results of the overall review of Human Services and the more specific review of Public Health mandatory programs. \*

## **DISCUSSION**

### ***Human Services Review***

The consultants have recommended a new service delivery model that:

- creates two broad service groupings, (1) a Social Portfolio including Ontario Works, Child Care, Social Housing and (2) a Health Portfolio including Public Health programs and Homes-for-the-Aged;
- focuses the Medical Officer of Health (MOH) role on technical health issues versus administration;
- establishes an Integration Group to support both the Social and Health Portfolios in coordinating policy and planning, strategy development and direction setting, project management, resource allocation, performance management, partner relationships, service integration and grants administration;
- consolidates internal support functions (e.g. Human Resources, Finance, Information Technology); and
- provides client access through a common information centre, using satellite centres as “hubs” or “outreach” facilities.

### ***Review of Mandatory Public Health Programs***

This component of the review was focused on compliance with the provincial guidelines for mandatory public health programs. An Advisory Panel comprised of acknowledged experts in the Ontario public health field reviewed Ottawa-Carleton’s mandatory programs, and made recommendations. For some programs, the Panel supported the department’s assessment of the need for increased resources in order to meet the guidelines. However, for other programs it recommended changes in service delivery strategies that would lead to greater efficiencies.

The Deloitte and Touche team has taken the Panel’s input and developed recommendations to place public health activities within the larger context of the Human Services Review. They recommended that additional resources not be committed until:

- development and approval of integrated service delivery plans for key health programs related to schools, access to information and tobacco,
- disposition of the full Human Services Review, and
- assessment of the implications of municipal restructuring on Human Services.

\* The full report from Deloitte Touche is on file with, and available from, the Committee Co-ordinator.

### *Management Comments*

The Human Services provided by the Region of Ottawa-Carleton represent a very significant, growing and vital element in the overall services provided by this Region. In aggregate the Human Services component makes up approximately one-half of the gross operating budget of the Region. These services constitute a fundamental investment in the quality of life and the future economic prosperity of this Region.

The proposed model offers an innovative and progressive new direction for Human Services. The model introduces two key structural components: (1) the creation of strategic integration and administrative support functions that support all Human Service delivery; and (2) reorganization of the management reporting structure into two broad service streams reporting through a General Manager accountable for strategic direction and integration of all Human Service functions. It should be noted that while the first component described above is generally supported by the Human Services steering committee, department heads have expressed particular concern regarding the reorganization of the management reporting structure.

While this review was initiated in advance of provincial direction on municipal amalgamation, this model is consistent with the underlying principles guiding the creation of the new City of Ottawa. Moreover, senior management of the new City will face a much broader span of responsibilities than has been experienced by Regional or municipal staff in Ottawa-Carleton to-date. It will be necessary to realign functions to ensure a workable mandate for management at all levels. Given all of these factors, the model should be recommended for consideration by the Transition Board. Aspects that may require further discussion include:

- the advantages and disadvantages of reorganizing the management reporting structure;
- role and authority of the MOH vis-à-vis the head of the proposed Health Portfolio;
- anticipated evolution of the City's mandate for Social Housing;
- opportunities for alternative service delivery;
- respective roles and authority for service integration and internal support functions vis-a-vis management of operations and corporate support functions; and
- size/complexity of the Human Services mandate and its placement within the new City structure.

### PUBLIC CONSULTATION

Although consultation with clients groups is anticipated as part of the implementation of changes in Human Services, it was not considered feasible at the time of this review.

FINANCIAL STATEMENT

While the model implies a more streamlined management structure and increased operational efficiency, the ultimate financial implications will depend on specific implementation decisions.

*Approved by  
C.M. Beckstead*

**Deloitte &  
Touche**



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***Regional Municipality of  
Ottawa Carleton***

*Public Health Mandatory Guidelines  
Review*

*Executive Summary*

*February 4, 2000*

## EXECUTIVE SUMMARY

In December of 1997, the Provincial Ministry of Health issued new *Mandatory Health Programs and Services Guidelines* (the “Guidelines”). These new Guidelines, which were binding on health departments across the province, replaced regulations that had been in effect since 1989. The new Guidelines were more prescriptive in nature than the previous version, and introduced numerous new requirements.

The new Guidelines, which identify requirements across seventeen program areas, are intended to define the core business of public health and to ensure that the most effective and efficient program approaches are used to meet priority public health needs. According to the Ministry of Health, the Guidelines specify only those programs that all boards of health are required to provide and are not intended to cover the total potential scope of public health programming. While some of the new requirements are clearly defined, others leave room for interpretation.

As a result of the introduction of these new Guidelines, the Community Services Committee of Regional Council elected to undertake an independent review of the Ottawa Carleton Health Department’s (the “Department”) compliance with the new Guidelines. This review was incorporated into the Chief Administrative Officer’s plan to conduct an organizational review of all Human Services activities. On two occasions since the new Guidelines were issued, assessments conducted by the Ministry of Health indicated that the Region was non-compliant in some areas. The purpose of this review was to assess existing programs and associated resource levels against the Guidelines to determine what action would be necessary to ensure compliance.

At the outset of this engagement, it was determined that the Department was facing three interrelated challenges:

- Coping with the additional requirements imposed by the new Guidelines.
- Balancing core programming while remaining flexible to deal with emerging health crises and changing priorities; and,
- Working with restricted budgets.

### *Approach*

A five-step approach was developed to ensure that these challenges were given due consideration in the course of conducting the review. The steps included:

1. ***Plan and Prepare:*** Initial interviews were conducted to clarify the objectives of the Mandatory Guideline Review.
2. ***Collect Information:*** Background research was undertaken, and documentation was reviewed. Data was also gathered through a series of interviews and working sessions conducted with the Department’s management and selected staff.
3. ***Evaluate Information:*** Initial gaps were identified between the current service levels and the Mandatory Guidelines. Additional interviews were conducted in order to expand and clarify areas which required further research

4. **Assess Resource Requirements:** The Department's resource requirements were assessed by interpreting the Mandatory Guidelines and by considering the internal and external data previously gathered.

Given the technical nature of the Guidelines, their lack of specificity around certain requirements, and the need to understand existing commitments and priorities, two important design features were also included in this component of the approach:

- **Consultation / Participation:** Extensive consultation was held with senior staff within the Department to develop a clear understanding of current service delivery models for each program.
  - **Advisory Panel:** A Panel of four leading experts in the field of Public Health in Ontario was established to assist with the review. The panel included: Diane Bewick (the Director, Public Health Nursing Division, Middlesex-London Health Unit), Dr. Richard Schabas (formerly Ontario's Chief Medical Officer of Health for ten years, during which the Mandatory Health Programs and Services Guidelines were revisited twice), Dr. David Mowat (formerly Director of the Public Health Branch and Chief Medical Officer of Health for Ontario), and Andrew Papadapolous (the Executive Director of the Association of Local Public Health Agencies (alPHA)).
5. **Report:** A final report was prepared to capture the critical information provided by the Department on each program and the assessment of the resource requirements necessary to ensure compliance.

Relying on the Panel's collective expertise and on community-based data gathered through the Department, the Advisory Panel assessed the Department's resource requirements for each program area by interpreting the Mandatory Guidelines in the context of community need. The decision to ground the interpretation of the Guidelines in community need was driven by three important factors:

1. The Panel determined that interpretation of the Guidelines had to allow for consideration of the previously noted challenges faced by the Department;
2. Community need provides context for interpreting those requirements that were not prescriptive in nature; and,
3. The current Guidelines are still evolving and can be expected to continue to change. This is demonstrated by the Ministry of Health's decision, announced December 12<sup>th</sup>, 1999, to review the requirements in five of the new program areas.

For each of the seventeen Mandatory Programs, this report includes:

1. A brief description of the Mandatory Program;
2. A description of the Department's Vision for the program delivery;
3. An outline of the Community Need in the Ottawa-Carleton Region;
4. The current resources being committed by the Department to the program;
5. The resources that the Department feels they require in order to comply with the new Guidelines;
6. The current Service Delivery Model being used for the program; and,
7. The Advisory Panel's assessment of the resources required to ensure program compliance.

### ***Observations and Conclusions***

The following chart outlines the resources requested by the Department for each of the Mandatory Programs as well as the Advisory Panel's interpretation of the resource requirements:

<b>Mandatory Program</b>	<b>Current Resources</b>	<b>Requested Resources by Department</b>	<b>Panel Interpretation</b>
Child Health	73.5	3.25 + \$38,000	.25 + \$38,000
Control of Infectious Disease	3.0	1.0	0
Early Detection of Cancer	1.62	.95 + \$10,000	.95
Equal Access	3.52	3.25	2.25
Food Safety	14	0	0
Health Hazard Investigation	5	0	0
Infection Control	2	2.2	2.2
Injury Prevention and Substance Abuse	13.13	3.3 + \$60,000	3.3
Chronic Disease Prevention	56.03	24.95 + \$15,000	4.5
Program Planning	3	0	0
Rabies Control	1	0	0
Reproductive Health Program	5.2	.75	.75
Safe Water	0.5	0	0
Sexual Health Program and Services	2	5	5
Sexually Transmitted Diseases	25.15	5.3	0
Tuberculosis Control	5.0	4.8	2.15
Vaccine Preventable Diseases	19.6	4.5 + \$10,000	1 + \$10,000
<b>TOTAL</b>	<b>233.42</b>	<b>59.25 + \$133,000</b>	<b>22.35 + \$48,000</b>

Upon reviewing the available data on current program delivery, it became evident to the Panelists that a potential opportunity existed to either gain efficiencies or improve service by looking at cross program needs. Three particular areas were identified:

- ***Comprehensive School Health Program:*** includes a broad spectrum of activities and services that enable children and youth to enhance their health, develop to their fullest potential and establish productive and satisfying relationships in their current and future lives.



- ***Access and Dissemination of Information:*** development of a communications strategy that addresses both access to and dissemination of information. An integrated communications strategy may allow the Department to deliver multiple messages to a target audience through a common channel. As well, with the numerous phone information lines currently in service within the Department, there may be opportunities to increase efficiencies and economies of scale by combining these phone lines into one central call-center.
- ***Integrated Tobacco Strategy:*** additional resources will be required for the Department to ensure compliance with the Mandatory Guidelines. Yet, in its review of current programs, the Advisory Panel observed a disjointed approach to managing tobacco-related issues, and recommends that a strategy that ensures a coordinated approach to managing the Region's unique challenges be developed.

As a result of this determination, the Panel deferred offering an opinion on requests from the Department for 23.45 of the remaining requested resources, specifically an additional 20.45 FTEs in Chronic Disease Prevention, and 3.0 FTEs in the area of Information Dissemination. Once the above-noted integrated program strategies are prepared, an associated human resource plan can be prepared to assess resource requirements to ensure successful implementation.

In providing its assessment of the resource requirements, the Advisory Panel has not recommended how any shortfall should be met. More specifically, the Advisory Panel is not recommending that the Department hire additional staff. Such a recommendation would clearly exceed its mandate, as staff could be reallocated either as a result of efficiency gains, or by virtue of the ongoing Human Services integration study, or as a result of the recently announced municipal restructuring.

While the Advisory Panel members lent their expertise in public health to this process, the Panelists worked with the Deloitte & Touche consultants to ensure that an analytical rigor was also applied. Deloitte & Touche supports the Advisory Panel's recommendations as they relate to the Mandatory Guidelines. Deloitte & Touche also endorses the decision by the Panel to recommend a more integrated and strategic approach to planning in the areas of schools, access and tobacco prior to committing additional resources.

Efforts undertaken to date in the Human Services integration study reinforce the notion that creative alternatives for service delivery can evolve from the planning approach proposed by the Advisory Panel. In the schools area, which has traditionally presented service delivery challenges for the Department, an approach that emphasizes greater participation of primary stakeholders at the local (Health Department and School Boards) and the provincial (Ministries of Health and Education) may, for example, produce a more efficient and effective resolution to the existing service delivery issues.

Although the Panel has recognized the need for increased resources, there are a number of issues that must first be addressed before the Department implements the recommendations contained in the final report. To begin, in its Year 2000 Budget deliberations, Regional Council, approved an additional 10 FTEs for the Department. The Panel's recommendations should be an integral consideration in the allocation of these resources.

For the remaining FTE requirements, the Department should not consider additional staffing until the following events occur:

- Completion and disposition of the ongoing Human Services Review;
- Development and approval of the three integrated service delivery strategies (schools, tobacco, and information access and dissemination) including associated human resource plans; and,
- Assessment of the implications of the recently published report on Municipal Restructuring (the "Shortliffe Report".)

These three events could have a significant impact on the resourcing requirements of the Department, and may facilitate a 'phased' approach to implementation that would allow the Department to maximize any benefits flowing from these activities.