Objective and Scope
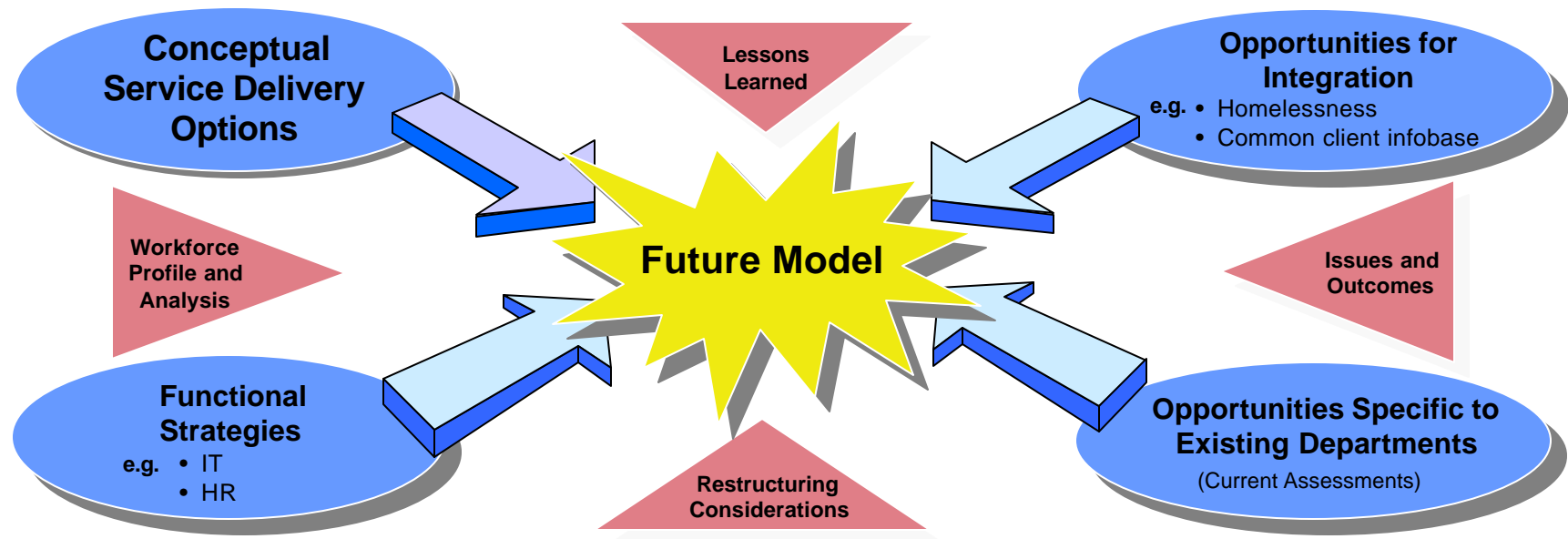
- As a result of the changing environment for Human Services in Ottawa-Carleton, a comprehensive review of current service delivery practices and organization was undertaken. The goals of the review were to examine opportunities for enhanced integration and to develop a more effective service delivery model and enabling organizational infrastructure.

- The scope of the review included Public Health, Social Services, Homes for the Aged, and Social Housing. Land Ambulance was viewed as having a closer affinity with Emergency Services and was set aside for the purposes of this review.

- Specific objectives of the project included:
  - Identifying areas where gaps exist between current Public Health programs and mandatory Provincial Guidelines;
  - Conducting a systematic review of the current operations of all Regional human service functions;
  - Identifying opportunities for integration;
  - Presenting an analysis of alternative human services delivery models to be considered and facilitating decision-making on integration and/or organizational structure changes; and,
  - Identifying the critical operational changes/functional strategies involved in implementing the new model.

- In order to ensure that the report would be relevant and acceptable to the Social Services Committee, we adopted a participatory approach to the Human Services Review, ensuring: constant partnership with our clients; good communications; superior quality with review of milestones; proactively managed risk; and, that effective decision-making processes were in place.

Overview of the Approach

◆ Data was gathered through the following means to develop potential options for human services delivery:

➢ Considerations were identified through Steering Committee working sessions, employee focus groups, and participant interviews;

➢ Restructuring and devolution-related policy changes at the Provincial level were assessed;

➢ A workforce profile analysis was conducted for each Department;

➢ Strategies for the delivery of support functions were reviewed;

➢ Cross-functional integration opportunities were developed by analyzing the current situation of each Department; and,

➢ Lessons learned were identified from other municipalities.

◆ All of these sources provided input into the development of a future model:

Conceptual Service Delivery Options

Lessons Learned

Opportunities for Integration
e.g. • Homelessness
• Common client infobase

Workforce Profile and Analysis

Future Model

Issues and Outcomes

Functional Strategies
e.g. • IT
• HR

Restructuring Considerations

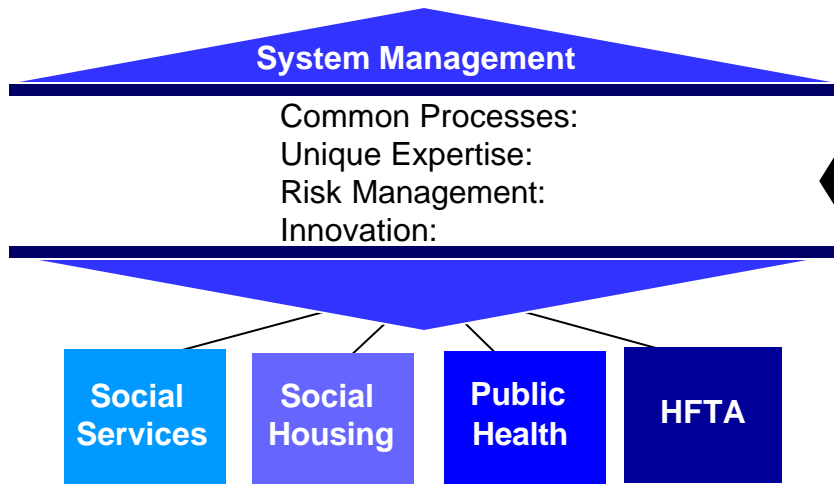**Opportunities Specific to Existing Departments**
(Current Assessments)

Rationale for a New Service Delivery Model

◆ The following factors have driven the need to investigate the development of a new human services delivery model in Ottawa-Carleton at this time:

◆ Devolution of services by the Provincial Government to Consolidated Municipal Service Managers (CMSMs);

  ➢ Increasing regulation;

  ➢ Changes in the structure of Human Services funding and associated pressures to ensure cost-effective service delivery;

  ➢ Changing demographics, and social and geographic patterns;

  ➢ Emerging priorities such as homelessness and early child development;

  ➢ Municipal restructuring and interest in integrating services and streamlining service delivery;

  ➢ Advances in technology; and,

  ➢ Changing client expectations.

◆ Within this context, the underlying question driving this review was:
"How can we deliver current services more effectively and efficiently?". The intention was to develop a model that would be flexible and could accommodate the changing municipal framework over the course of the next five to ten years.

◆ One message was consistently delivered by the focus group participants: "Do not change for the sake of change". A compelling case for change needs to be communicated to ensure employee support.

Options Considered

◆ Four conceptual options were developed and were presented for consideration by the Steering Committee and employee focus groups. The four conceptual options are briefly discussed below, and illustrated in the following pages:

➢ Option 1: Functional
- Separate policy and planning and support functions, and integrate them into a system management umbrella that provides directions and support to the functions;
- Maintain separate service delivery streams and functions oriented to client issues/problems; and,
- A variation could include grouping functions together on the basis of similar processes, competencies and/or client groups.

➢ Option 2: Function/ Initiative
- Builds on Option 1 by making creative use of lateral processes in recognition of emerging community issues.

➢ Option 3: Client
- Services are organized to serve specific clients grouped by demographic characteristics and/or circumstances;
- Based on select client groupings; and,
- The model recognizes the efficiencies in centralizing common processes, making unique expertise more widely available and mitigates the inherent risk in certain activities through central control.

- Option 4: Customized Services
- Customized service bundles developed collaboratively by clients and "case managers", taking advantage of technology, and modern management methods; and,
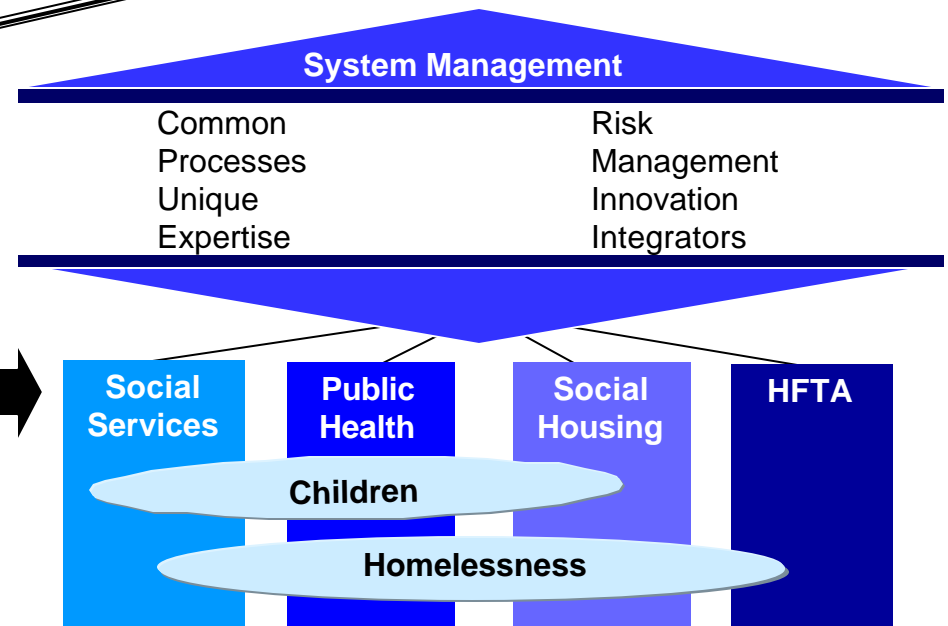- Based on a client group of one.

Options Considered

Option 1: Functional

System Management

Common Processes:
Unique Expertise:
Risk Management:
Innovation:

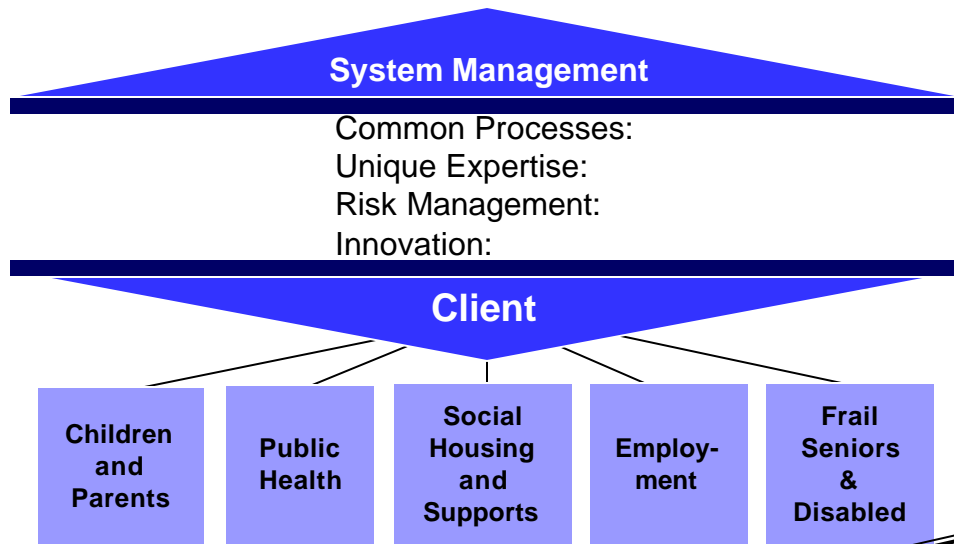| Social Services | Social Housing | Public Health | HFTA |

- Includes an integrated system management umbrella, providing policy, planning, direction and administrative support to the service lines.
- The service lines remain separate as they exist now, or they can be combined into groupings, emerging from similar processes, competencies, and client groups.

Option 2: Functional/Initiative

- Lateral processes are cross-functional activities that pull together resources to address specific issues identified typically at the operational level.
- Outcomes range from new programs and services to changing sensitivity, policy and procedures.
- Initiatives will change over time.
- Integration of services can also occur in this model as in Option 1.

System Management

| Common Processes | Risk Management |
| Unique Expertise | Innovation Integrators |

| Social Services | Public Health | Social Housing | HFTA |

Children

Homelessness

Deloitte & Touche

Options Considered

System Management

Common Processes:
Unique Expertise:
Risk Management:
Innovation:

Client

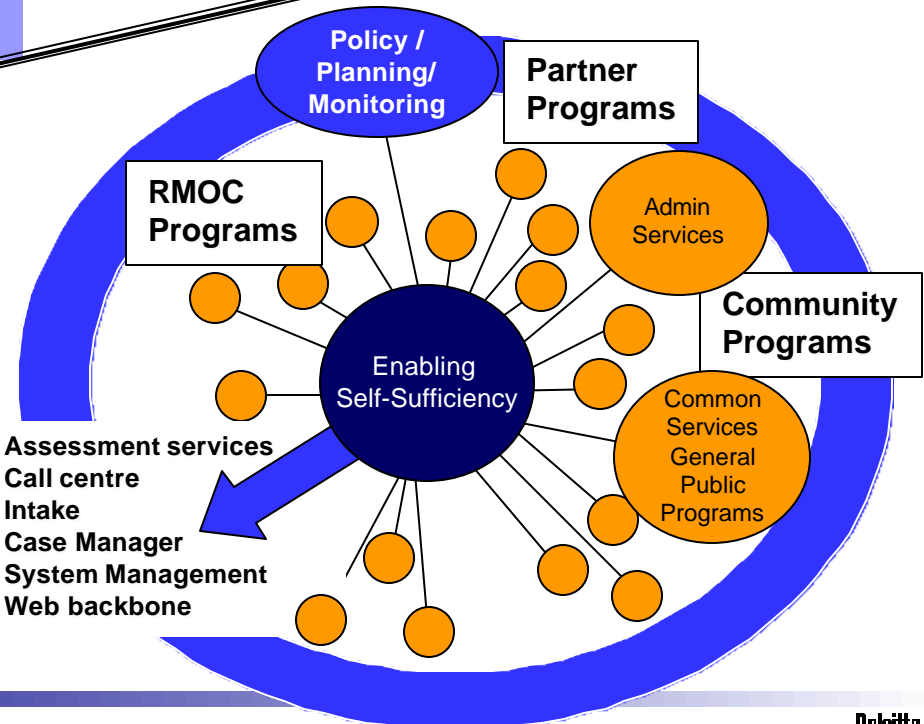| Children and Parents	Public Health	Social Housing and Supports	Employ-ment	Frail Seniors & Disabled

Option 3: Client

- Delivering services to serve specific clients grouped by demographic characteristics and/or circumstances.
- Allows for lateral processes as in Option 2.
- Service management for clients as well as a strong information backbone will be required.

Option 4: Customized Services

- Enabling client self-sufficiency through bundling services from a selection of programs.
- Client base is a segment of one.
- Organization centred around the "case management team" and the client.
- Reporting is at the program level - programs will be more or less autonomous entities designed to meet provincial and local needs as well as being responsive to clients.

- Assessment services
- Call centre
- Intake
- Case Manager
- System Management
- Web backbone

Policy / Planning/ Monitoring

Partner Programs

RMOC Programs

Admin Services

Community Programs

Enabling Self-Sufficiency

Common Services General Public Programs

Deloitte & Touche

Profile of the Recommended Model

- The recommended model draws on key elements from the four broad conceptual options, includes desired characteristics identified by the Steering Committee and focus groups, and incorporates opportunities for cross-functional integration. It is intended to align services with client issues or needs, is functional in orientation, and operates as networked services. It has been developed to provide enough flexibility to accommodate the preferences and competencies of leadership as well as pending changes from the Provincial government and uncertainty around the new city.

- The attributes of the model include:
  - A Service and System Integration Group with responsibility for overall system management. Included as part of this group are integrated policy and planning, development of service delivery integration mechanisms, and partner relationship management;
  - Integrated Operational Support Services for Human Services;
  - Creation of two core portfolios - Health and Social;
  - Client access through a common information centre which initially provides information and directs calls and evolves to a high level triage capability;
  - Realignment of programs such as Housing;
  - Community partners as part of the planning and service delivery areas;
  - Geographic service delivery, making use of satellite centers as "hubs" and other "outreach" facilities; and,
  - The Medical Officer of Health role being separated from administration activities, reporting directly to the General Manager, and focusing on technical health areas. A Commissioner of the Health portfolio takes responsibility for the management of the functions in the portfolio.

Recommended Model - Overview

Recommended Model

General Manager

| Service and System Integration |
| Operational Support Services |

SOCIAL Portfolio

HEALTH Portfolio

- Ontario Works & Employment
- Child Care
- Housing

- Health Promotion & Education
- Direct Public Health Services
- Homes for the Aged

- General Manager with overall responsibility for Human Services.
- Two Commissioners for Health and Social portfolios.
- Service and System Integration, Operational Support Services, reporting to the General Manager (potential levels and titles to be determined based on General Manager skills-set and preference).
- Service and System Integration provides leadership and coordination for integration of services across the functions. This group will also identify emerging issues, and plan and develop new programs.
- Operational Support Services provides liaison with central service bureaus, other central functions and integrated administrative functions.
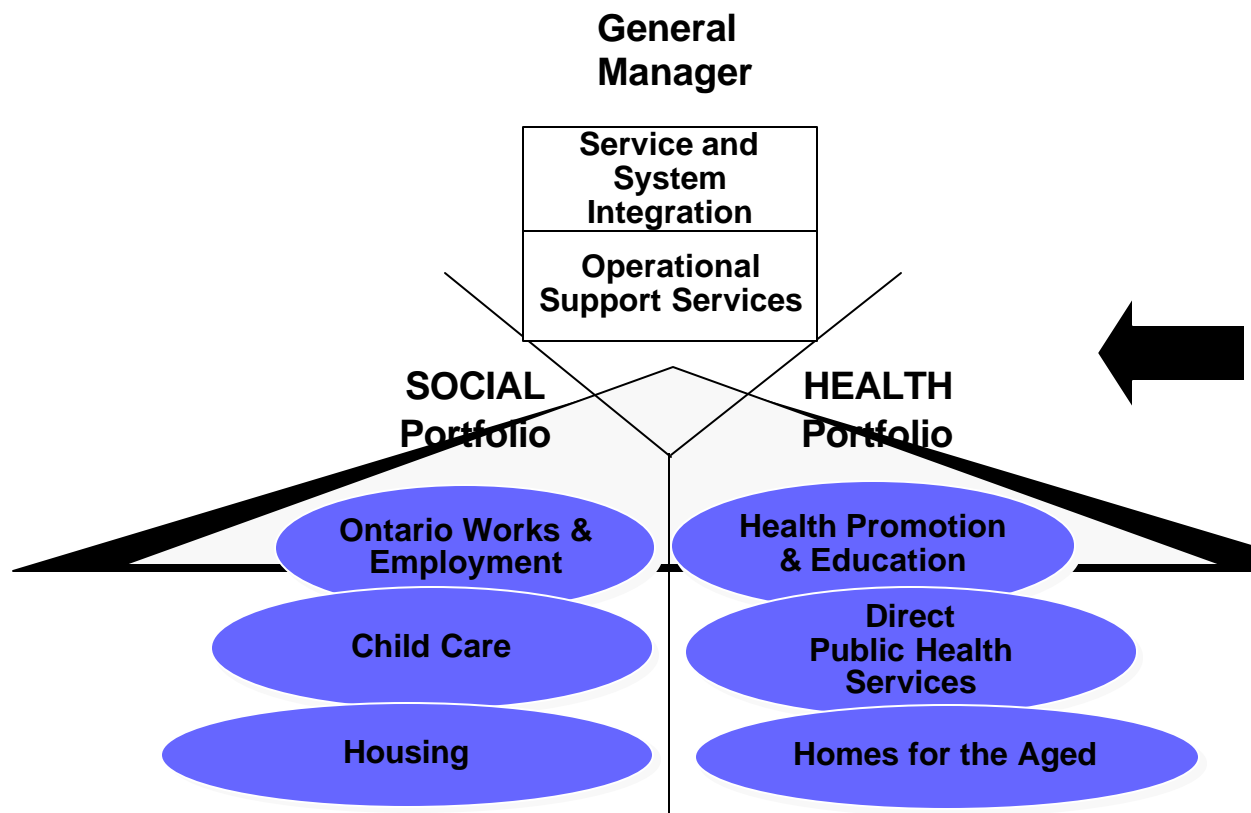
Recommended Model - Overview

Recommended Model:
Networked Functions
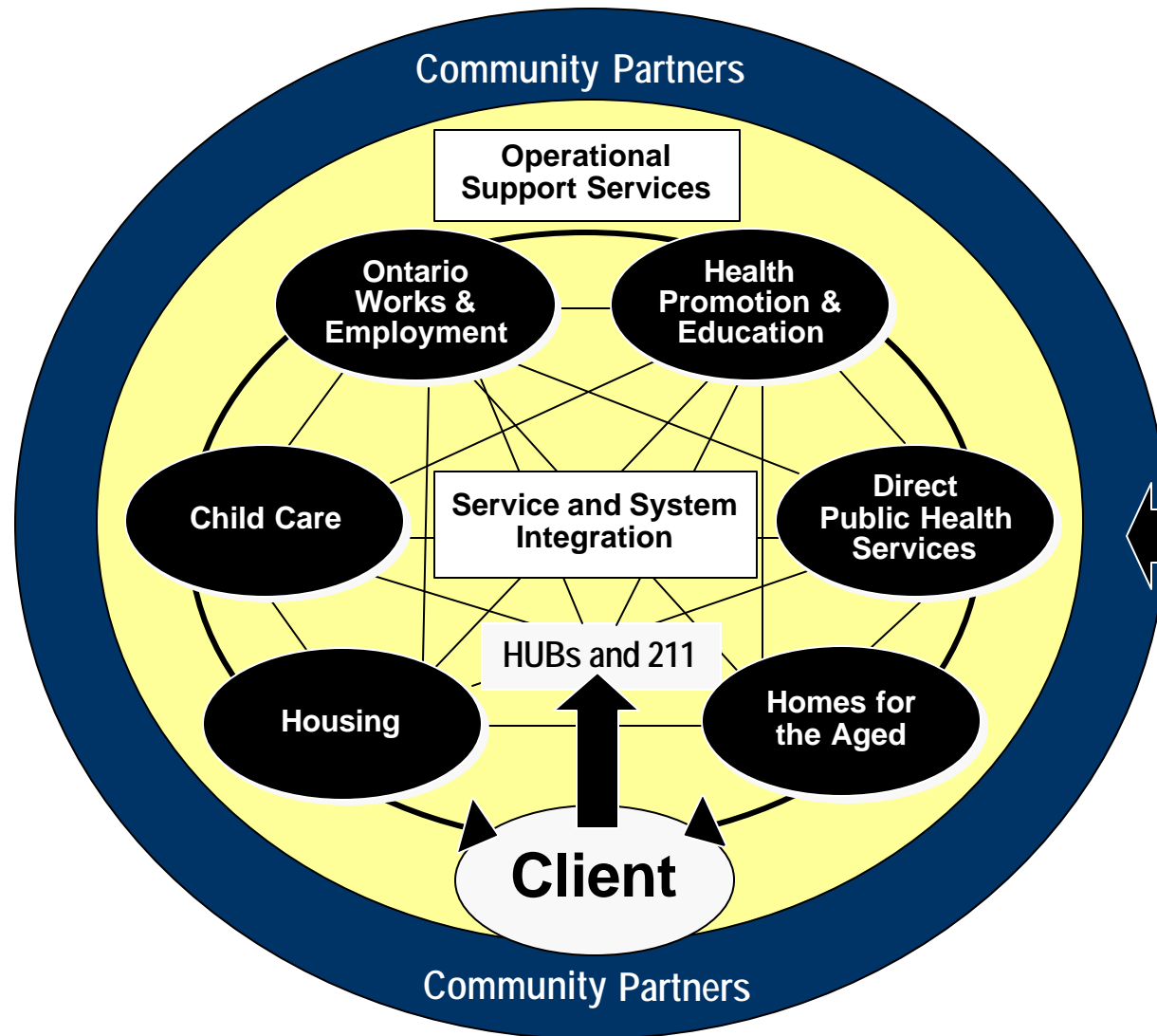
- The model functions as a network of services with Service and System Integration providing the mechanisms and link to enable this web of services.
- Services are delivered in a HUB and outreach type model.
- Clients access the system through the satellite offices (HUBs) or through a common information centre (211). An initial needs assessment is performed to direct the client to a lead manager who then uses the network to provide all services required.
- Service units are community based offering a combination of core services and additional services based on community needs (language, population, …).
- Actual geographic locations should be developed in conjunction with broader initiatives relating to the implementation of satellite offices as described in the Shortliffe Report.

Deloitte &
Touche

Recommended Model - Overview

Interim Reporting/ Governance Structure

General Manager

Council

Corporate Policy Functions
- Finance
- Communications
- Human Resources
- Purchasing
- Property Management

Service and System Integration

Medical Officer of Health*

Operational Support Services

Central Service Bureaus
- Information Technology

SOCIAL portfolio

HEALTH portfolio

Integration Projects

OW & Employment

Child Care

Housing

Health Promotion and Education

Direct Public Health Services

HFTA Site Administrators

Please note that specific titles and levels are not addressed in this diagram (e.g. the use of the term General Manager).

Per HPPA MOH has functional oversight for mandatory requirements

Deloitte & Touche

Recommended Model – Service and Systems Integration

- The Service and System Integration Group (SSI) is a key component of the recommended model. This group is a forward looking group dedicated to high level policy development, strategic and business planning and ensuring integration of the service portfolios through integrated planning and the coordination of cross-functional projects.

-

- Activities include:

  - **Policy and Planning -** the General Manager of Human Services should lead the development of a broad Human Services Master Plan, reflecting all related issues and services (not only those provided by the new city itself);

  - **Strategy Development and Direction Setting -** including setting the direction for many of the integration elements including: shared data and databases between portfolios, client intake and access process design;

  - **Project Management -** design, launch, coordination and monitoring of specific, limited term projects arising from local priorities, including those identified in the cross-functional opportunities section;

  - **Resource Coordination -** coordination access function that assesses client requirements and ensures the most appropriate match with Human Services resources;

  - **Performance Management and Monitoring -** providing tools for program managers to gauge outcomes against stated goals;

  - **Partner Relationship Management -** maintain a positive climate for collaborative service delivery including: community building, ensuring flow of communications, promotion of programs, common systems;

  - **Service Integration -** alignment of Human Services with client requirements through creation of cross-functional mechanisms, capabilities and applications, such as integrated client service planning and common client info base.

  - **Administration of Grants -** grants administration is often integral to program administration. There may be limited opportunities for the Services Integration Unit to include common aspects of grant processing.

Recommended Model – Operational Support Services

◆ Operational Support Services is an integrated group created to provided support to operations in the areas of: finance, human resources, procurement and other administrative services.

◆ Function specific features would include:

Human Resources Management	• A single Human Resources function should be created in the Operational Support Services unit of the proposed Human Services organization. This would include both the HR Service Bureaus serving Human Services areas and the HR staff within Homes for the Aged. Considerations include: co-ordination with corporate HR, support for a growing and evolving Social Housing function, co-location at multiple sites; and, responsive, bilingual service requirements.
Financial Management	• A single Financial Management function should be created in the Operational Support Services unit of the proposed Human Services organization. Considerations include: the need for familiarity with specific business areas; support for a growing and evolving Social Housing function; cultural impacts of possible changes; possible economies-of-scale; possible benefit of added depth (i.e. "bench strength") in some areas; and, the possibility of sharing highly specialized expertise and services (e.g. commodity tax, overpayment recovery) at either the corporate- or Human Services-wide level. • This function would encompass the majority of the provincial liaison and funding interface and may provide an opportunity for the Human Services area to play a lead role, in place of the Finance Department, for these activities.
Information Technology Management	• Consistent with the recommendation of the recent IT Strategy, current IT resources should be transferred to an IT Service Bureau for Human Services. This model would result in the transfer of current IT resources (e.g. the Information Systems unit in the Social Services Department) and related budgets to ITO. However, these resources could maintain their current focus and co-location.
Communications	• All communications support should continue to be provided by the Information and Public Affairs (IPA) function, with selected individuals dedicated to and co-located with Human Services organizations, and access to a central pool of more specialized resources.
Accommodations	• The majority of accommodation services should continue to provided by the Planning, Development and Approvals (PDA) Department. • HFTA's role in facilities management should be left intact, and revisited at a later date. • The emerging satellite office concept will be an important consideration in the near future.
Purchase of Services	• Some purchasing roles exist across the Human Services areas and may be rationalized in the Corporate Service Unit (e.g. common activities, such as the three-way reconciliation of the purchase order, goods receipts, and invoice).

Recommended Model – Key Features

◆ Key features which are critical to the model's success (and their corresponding rationale) are described below:

➢ Integration of Health and Home for the Aged:
  - Homes For The Aged is about providing long-term health care, not property management.
  - Consistent with provincial ministry alignment (Ministry of Health and Long-Term Care).

➢ Integration of Social Services and Social Housing:
  - Allows maintenance of specific functional expertise.
  - Reduces silos and facilitates the creation of a continuum of social supports to fit client needs.

➢ Medical Officer of Health separation from administrative activities:
  - Technical responsibilities have increased, necessitating more concentration on advisory role for medical and health issues for the new City of Ottawa.
  - Administrative activities have increased.

➢ Creation of a human resource function that reports to Human Services:
  - Current lack of consistency of approaches to HR service delivery across the existing departments.
  - Some concern re a lack of responsiveness from service bureau resulting in some duplication of services.
  - Human Resources administration as an integrated part of service delivery with Corporate HR as the policy driven.

➢ Integration of Centralized Functions:
  - Increases bench-strength for some functions and provides for dedicated resources.
  - Creation of service and system integration group allows for specific concentration on strategic issues and cross-functional integration.

  - The following slides describe the flexibility built into three aspects of the model, including:
➢ **Evolution of the Housing function;**
➢ **Alignment of the Medical Officer of Health; and,**
➢ **Roles enabling integration.**

Recommended Model – Flexible Aspects of the Design

Evolution of the Housing Function

Current Functions of the Social Housing Unit

Possible Additional Housing Functions

? **Context of Uncertainty - Significant Unknowns** **?**

The specific mandate and ultimate role in social housing has yet to be determined. The *Assessment of the Current Situation for the Social Housing Function* includes a detailed description of the issues and uncertainties.

Due to the high degree of uncertainty, it is recommended that the Housing function be established as part of the Social Portfolio, and that its status be revisited as the pending decisions are taken and the key drivers of uncertainty are reduced. Over time and depending on the ultimate scope and scale of responsibility, it may merit consideration as a distinct portfolio.

Program Reform
The Province has indicated that it will transfer administrative responsibility for the housing stock once legislation is in place and CMSMs are ready to assume responsibility. More recently, the Province's intentions in these areas appear to be less clear.

Provincial Devolution
Both Cabinet/Management Board approval and the passing of the corresponding legislation is expected in the coming months. Transition will commence late in 2000 but full implementation may be lengthy.

Federal Devolution
t is expected that the social housing currently administered by the federal government (with the exception of federal co-ops) will be transferred to the Region in the next year or so.

Service Provider Roles
- ♦ Public Housing -- Recently, the Province directed the Ontario Housing Corporation to develop alternative service delivery plans for the Local Housing Authority. The ultimate regional role in this area is dependent on numerous options and scenarios for public housing, including provincial decisions on reform, ownership and management.
- ♦ Municipal Non-profits -- The future status of Municipal Non-profits is dependent on the decisions of individual CMSMs.

Municipal Restructuring
The implications of Municipal Restructuring on the housing function is not yet fully clear. It is likely that some decisions will require the attention and authority of the Transition Board and/or the new Council.
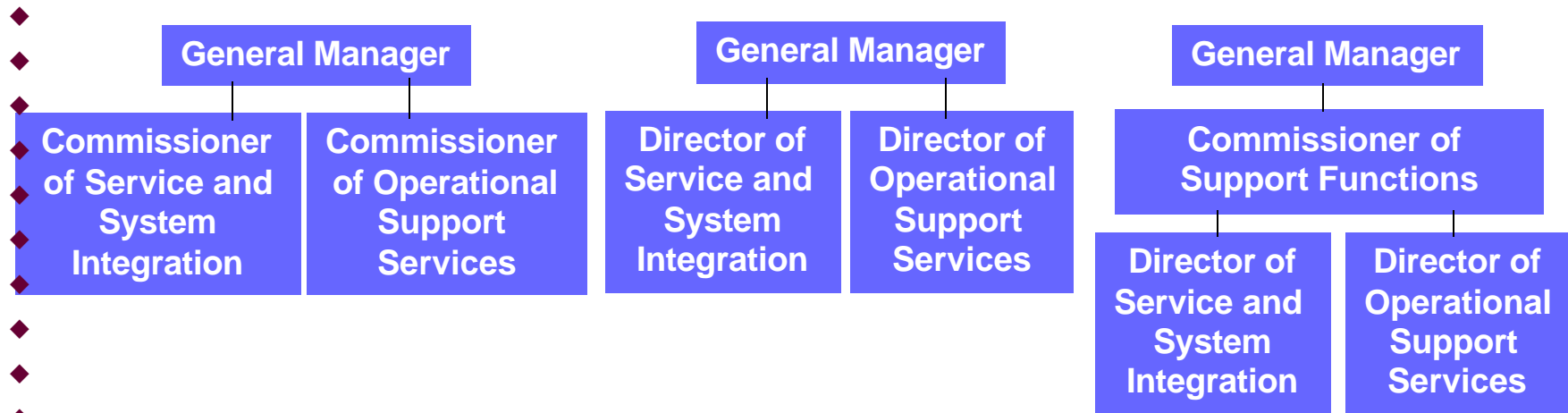
Recommended Model – Flexible Aspects of the Design

Alignment of the Medical Officer of Health

- ◆ The Medical Officer of Health (MOH) is a key leadership position for Human Services. This position has traditionally been responsible for:
- ◆ Medical and public health advice to Council;
  - ➢ Management of technical medical and health issues; and,
  - ➢ Health administration management.

- ◆ With amalgamation and the creation of the new City of Ottawa and increasing Provincial requirements, this position has an increasing workload and stature.

- ◆ The HPPA states that the MOH must have functional oversight for mandatory requirements. As a result, other municipalities have responded to the changing environment by separating the responsibilities of the MOH, creating an administrative position and a technical position.

- ◆ The recommended model separates the MOH from administrative responsibilities, thus increasing the flexibility of the position. The key features of this position in the recommended model are as follows:
- ◆ Reports directly to the GM;
  - ➢ Has functional responsibility for mandatory requirements;
  - ➢ Plays an advisory and technical role for the new City; and,
  - ➢ Has a leadership position for public health in Ottawa.
  - ➢

Recommended Model – Flexible Aspects of the Design

Roles Enabling Integration

- The recommended model creates two centralized groups: Operational Support Services and Service and Systems Integration. These groups support the operational functions, providing integrated corporate and strategic services.

- The actual reporting structure, leadership levels and titles have not been defined as they are dependent on the strengths and preferences of the General Manager. Some possible reporting structures include:

General Manager		General Manager		General Manager	
Commissioner of Service and System Integration	Commissioner of Operational Support Services	Director of Service and System Integration	Director of Operational Support Services	Commissioner of Support Functions	
				Director of Service and System Integration	Director of Operational Support Services

- These reporting structures are dependent on the role of the GM.

- Key to the recommended model is the creation of a group dedicated to Service and System Integration. This group provides strategic positioning, planning and integration mechanisms for services – all desired elements of a future model.

Recommended Model - Comparison with Options

- Finally, we have compared the recommended model, the four conceptual options and the status quo against the desired characteristics, which include:

- Improves client services.

  - Enables collaborative delivery (internal and external)
  - Community-Oriented
  - Provides Integrated Planning
  - Clear roles & accountabilities
  - Reduces / minimizes costs
  - Enables adaptability / flexibility
  - Consistent with Provincial direction, legislation, systems
  - Consistent with core competencies / processes

-

- This comparison is a relative ranking of the options considered.

-

- Highlights of the comparison include:

  - All models were considered to have the potential to improve client service;
  - The recommended model, option 3 and option 4 enable collaborative delivery;
  - All models are relatively community-oriented;
  - The status quo is the only option without integrated planning;
  - Status quo and option 1 had clear roles and accountabilities;
  - The recommended model and option 4 enabled adaptability and flexibility;
  - The recommended model appears to be most aligned with Provincial directions; and,
  - The status quo and option 1 were most consistent with core competencies (least change required).
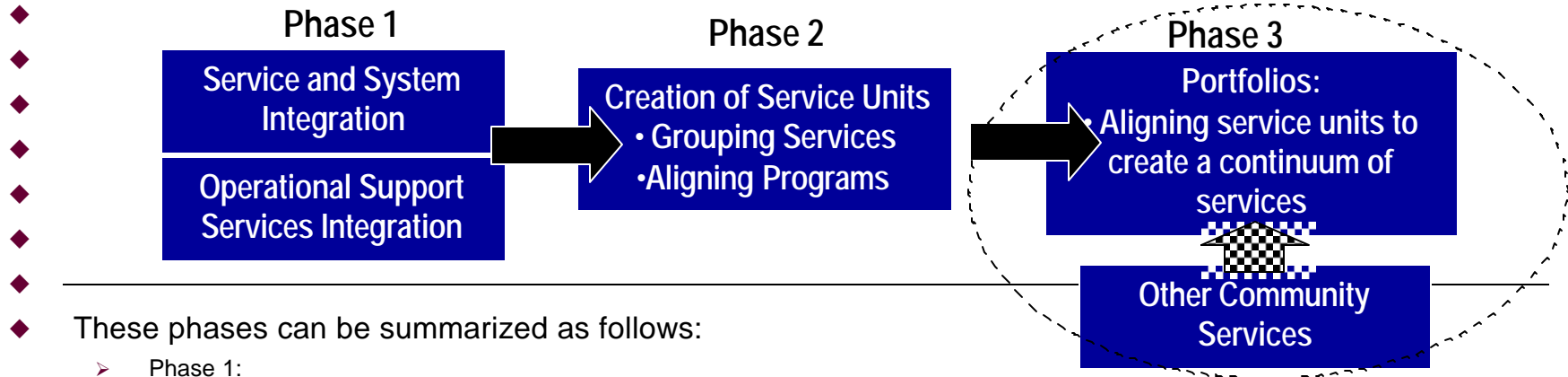
Recommended Model - Comparison with Options

Options Considered and Key Characteristics / Desired Characteristics	Recommended Model *	Option 1: Functional	Option 2: Function / Initiative	Option 3: Client	Option 4: Customized	Status Quo
	• Service and system integration. • Integrated Operational Support Services. • Streamlined access. • Geographic service delivery "hubs". • Some realignment.	• Fully integrated policy, planning, etc. • Maintains separate service delivery streams.	• Builds on Option 1. • Creative use of lateral processes to address emerging issues.	• Services organized to serve specific segments, based on demographics and/or circumstances.	• Custom service bundles developed collaboratively by clients and "case managers". • Significant reliance on technology to enable service delivery.	• Four Separate departments • Functionally aligned
A) Improves client service	High	Medium	Medium	High	High	N/A
B) Enables collaborative delivery (internal and external)	High	Low	Medium	High	High	Low
C) Community-Oriented	High	Medium	High	Medium	Medium	Medium
D) Provides Integrated Planning	High	High	High	High	High	Low
E) Clear roles & accountabilities	Medium	High	Medium	Low	Low	High
F) Reduces / minimizes costs	Medium	Medium	Medium	Low	Low	Medium
G) Enables adaptability / flexibility	High	Low	Medium	Medium	High	Low
H) Consistent with Provincial direction, legislation, systems	High	Medium	Medium	Medium	Low	Medium
I) Consistent with core competencies / processes	Medium	High	Medium	Low	Low	High

Legend: ● High ◈ Medium ○ Low

Implementation Considerations

- Implementation of the recommendations should proceed in a phased approach. Allowing the leadership to adjust the model as pending decisions are taken and the key drivers of uncertainty are reduced. The recommendation is to take a three-phase approach, as depicted below:

Phase 1

Service and System Integration

Operational Support Services Integration

Phase 2

Creation of Service Units
- Grouping Services
- Aligning Programs

Phase 3

Portfolios:
- Aligning service units to create a continuum of services

Other Community Services

- These phases can be summarized as follows:
  - Phase 1:
    - Integration of central functions, minimizing operational impact, while maximizing benefits of the new delivery model.
    - Creation of the Service and System Integration Group. This group will provide the overall leadership for the transition, the development of mechanisms for service integration - at the program level and in supporting systems and processes, and the overall vision and direction for Human Services in Ottawa.
    - Creation of the Operational Support Services Group - integration of the pockets of finance, purchasing, administration, marketing and human resources.
    - Phase 2:
    - Creation of the Service Units with realignment of programs within the units, as identified in integration opportunities and other projects.
    - This program and service alignment phase gives the implementation team a chance to accommodate pending decisions in social housing and other areas, and respond to changes as a result of program reform, devolution and municipal restructuring.
    - Phase 3:
    - Finalization of the service portfolios.
    - Development of a continuum of services within each portfolio.
    - Potential integration with other community services as a result of municipal restructuring decisions.

Deloitte & Touche

Implementation Considerations

♦ This review provides a foundation and a preliminary vision for the more detailed process of preparing and
♦ implementing a new Human Services delivery model and organization to meet the ever-changing needs of
the Human Services Community.

♦

♦ Listed below are several implementation considerations - which could be described as key success factors for
implementing change on this scale:

♦ Redefine the case for change in terms that are more relevant for staff

➢ Refine the vision from a "bottom-up" perspective

➢ Identify and establish strong leadership and political support

➢ Define clear roles and accountabilities

➢ Implement changes in phases to allow for revision and celebration of achievements

➢ Identify quick hit opportunities

➢ Dedicate people to specific aspects of the implementation

➢ Emphasize implementation planning and design

➢ Provide support for staff

➢ Establish specific benchmarks and performance measures

➢ Establish communities of interest

Next Steps

- In the near term, we recommend that the Steering Committee consider pursuing the following next steps:

1. Commit to a structural change.

2. Initiate the process for overcoming resistance to change:
   - Define the Case for Change, and,
   - Communicate the need for change - define the drivers and the desired outcomes from a change.

3. Define leadership roles and fill the positions, in the following stages:
   - Stage One: General Manager , Medical Officer of Health, Commissioner of Health, and Commissioner of Social; and,
   - Stage Two: Directors (Commissioners) of Operational Support Services, and of Service and System Integration.

4. Assemble a project team to lead the implementation of the changes:
   - Championed by the General Manager;
   - Led by the Service and System Integration Lead; and,
   - Include a program review step in the implementation, "Should we still have this program? What other programs are missing?"

5. Communicate and consult with all stakeholders, including:
   - Focus groups with all staff levels presenting:
     – The case for change;
     – The desired vision; and,
     – The impact of that vision on their day to day activities.
     –
   - Consultations with partners and clients, presenting:
     – The case for change;
     – The desired vision, emphasizing the move to more community-based service delivery; and,
     – Seeking input and ideas from partners and clients as to how to make the community-based delivery work for them.

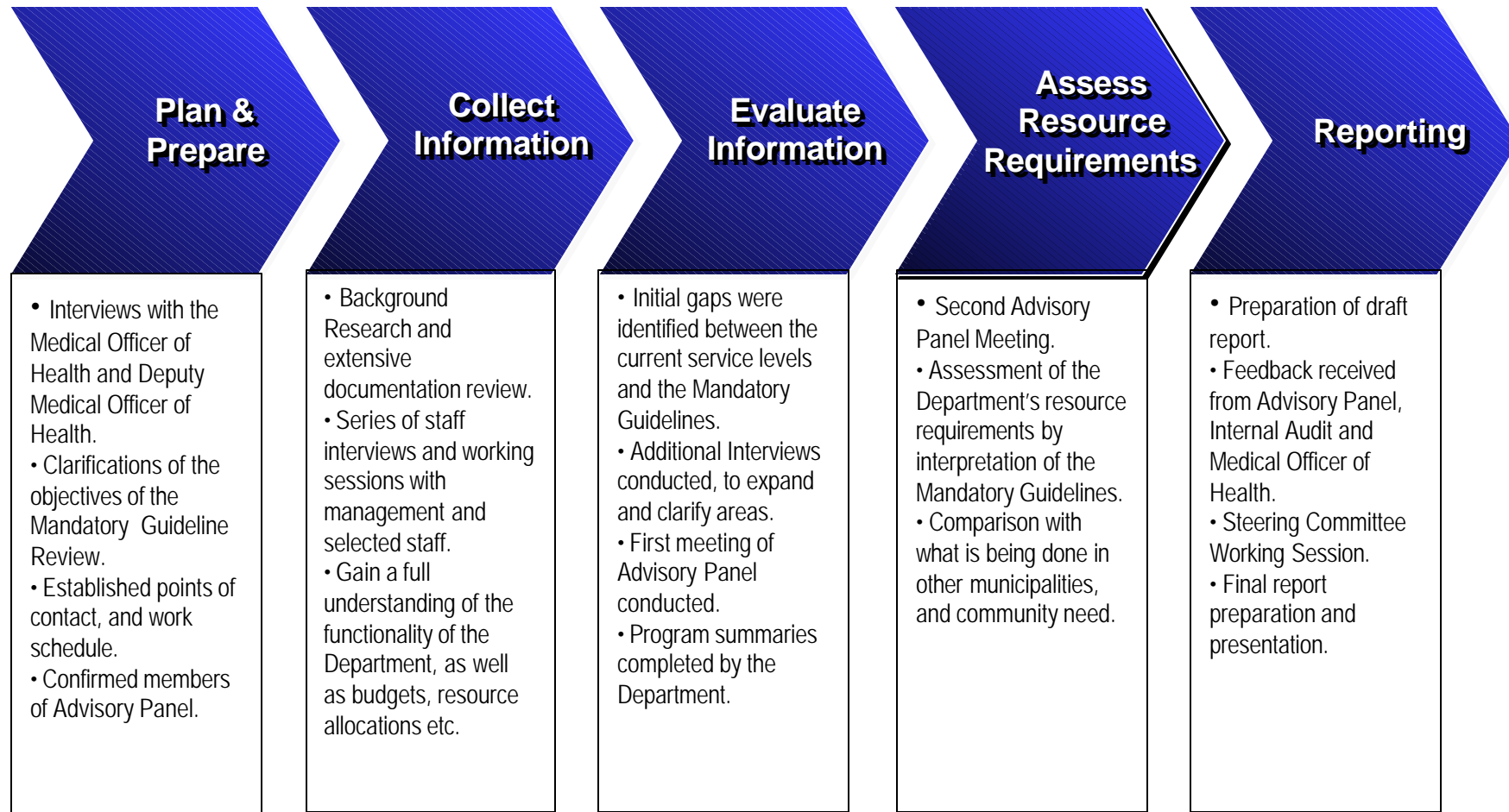# Appendix A

Objectives for the Mandatory Guideline Review

- The Health Department is currently facing three interrelated challenges:

  - Coping with the additional requirements imposed by the new Mandatory Guidelines. While some of the new requirements are clearly defined, others leave room for interpretation;
  - Balancing core programming while remaining flexible to deal with emerging health crises and changing priorities;
  - Working with restricted budgets and changing funding structures.

- Given these challenges and the Region's desire to ensure compliance with the new Guidelines, the Community Services Committee elected to undertake an independent review of the Health Department's structures and operations.

- The review concentrated on how the department can meet the requirements set out by the Ontario Government's *Mandatory Health Programs and Services Guidelines.* The Health Department's request for an additional 59.25 FTEs and $148,000 to meet the new requirements was also assessed in the context of this review.

Mandatory Guidelines Review

Our Approach:

Plan & Prepare	Collect Information	Evaluate Information	Assess Resource Requirements	Reporting
• Interviews with the Medical Officer of Health and Deputy Medical Officer of Health. • Clarifications of the objectives of the Mandatory Guideline Review. • Established points of contact, and work schedule. • Confirmed members of Advisory Panel.	• Background Research and extensive documentation review. • Series of staff interviews and working sessions with management and selected staff. • Gain a full understanding of the functionality of the Department, as well as budgets, resource allocations etc.	• Initial gaps were identified between the current service levels and the Mandatory Guidelines. • Additional Interviews conducted, to expand and clarify areas. • First meeting of Advisory Panel conducted. • Program summaries completed by the Department.	• Second Advisory Panel Meeting. • Assessment of the Department's resource requirements by interpretation of the Mandatory Guidelines. • Comparison with what is being done in other municipalities, and community need.	• Preparation of draft report. • Feedback received from Advisory Panel, Internal Audit and Medical Officer of Health. • Steering Committee Working Session. • Final report preparation and presentation.

As a result of the unique technical nature of the Mandatory Guidelines Review, a panel of leading experts in the field of Public Health in Ontario was established to assist with the review, relying on data provided by the Department. The panel was then able to assess the Department's resource requirements by interpreting the Mandatory Guidelines in the context of community need.

Mandatory Guidelines

Advisory Panel's Conclusions:

◆ The Advisory Panel recognized the need for 22.35 additional FTEs and $48,000 in the Public Health Department.

 ➢ Priority needs included services to schools, Tobacco control, Reproductive Health, Sexual Health Programs and Services.

◆ The Panel deferred opinion on an additional 23.5 FTEs, recommending that the Department engage in detailed and integrated planning in three service areas:

 ➢ Comprehensive delivery of programs to schools;
 ➢ Access and Dissemination of information; and,
 ➢ Programs related to tobacco.

◆ Deloitte & Touche endorses the recommendations made by the Advisory Panel:

 ➢ Resource allocation will be required to meet new program requirements;
 ➢ Resource allocations to pre-school dental health, Child Health, Health Hazard Investigation, Sexually Transmitted Disease, and TB case management, need to be reviewed in terms of efficiency; and,
 ➢ Detailed and integrated planning for programs related to schools, access to information and tobacco may generate creative alternatives for more efficient program delivery.

Deloitte & Touche

Mandatory Guidelines

Implementation Considerations:

- The Year 2000 Municipal Budget passed by Regional Council approved an additional 10 FTEs for the Public Health Department. The panel's recommendations should be a consideration in the allocation of these resources.

-

- For the additional FTE requirements identified by the Panel, Deloitte & Touche recommends that additional staffing should not occur until:

- Completion and disposition of the Human Services Review; and,
    - Development and approval of the three integrated service delivery strategies including associated human resource plans; and,
    - Assessment of the implications of the Shortliffe Report.

-

- Deloitte & Touche also recommends that the Department consider a "phased-in" approach to fulfilling the necessary resource requirements. The requirements which are most urgent can be filled by the additional 10 FTEs approved by Regional Council.

- I FTE (Hepatitis C) should also be deferred in light of Health Canada Support