3. REVIEW OF HUMAN SERVICES DEPARTMENTS AND FUNCTIONS

COMMITTEE RECOMMENDATIONS AS AMENDED

That Council:

a) **Endorse only the Deloitte and Touche report conclusions that the Region must allocate resources to the Health Department to meet the minimum provincial standards for public health and recommend 22.35 additional FTE's (including the first 10 FTE's approved in the 2000 budget) and $48,000 for program expenses be included in the 2001 budget estimates and that the Transition Board be so advised;**

b) **Request the Transition Board NOT implement the departmental structure outlined in the Human Services Departments and Functions report, as it is inconsistent with the Council resolution of 5 April 2000 and it does not meet Council's goal of a flatter, leaner and less bureaucratic structure; and,**

c) **Not agree with separating the Medical Officer of Health function from the management function of the Health Department.**

DOCUMENTATION

1. Chief Administrative Officer's report dated 31 Mar 00 is immediately attached.

2. Extract of Draft Minute, Community Services Committee meeting of 6 Apr 00, follows the report and includes a record of all votes.

REGION OF OTTAWA-CARLETON | REPORT
RÉGION D'OTTAWA-CARLETON | RAPPORT

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**

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.

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

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 12th, 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:

Mandatory Program	Current Resources	Requested Resources by Department	Panel Interpretation
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**
TOTAL	**233.42**	**59.25 + $133,000**	**22.35 + $48,000**

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.

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.

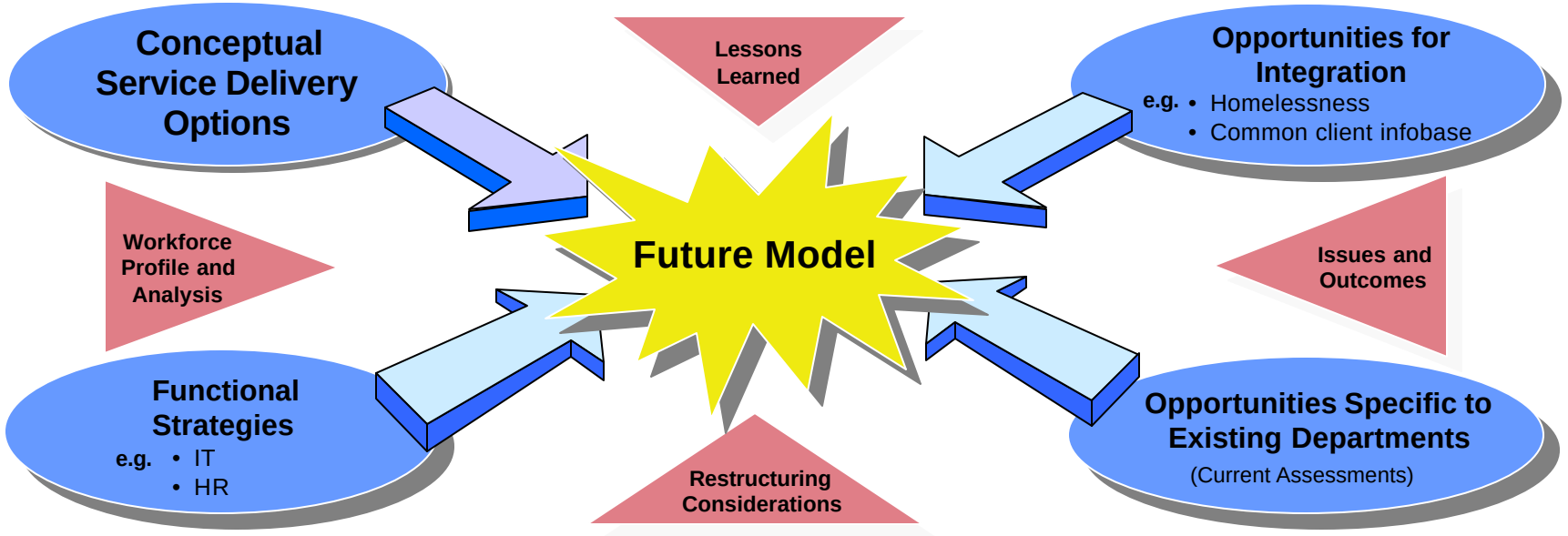
- Specific objectives of the project included:
  - Identifying areas where gaps exist between current Public Health programs and mandatory Provincial Guidelines;
  - Conducting a systematic review of the current operations of all Regional human service functions;
  - Identifying opportunities for integration;
  - 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:



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:

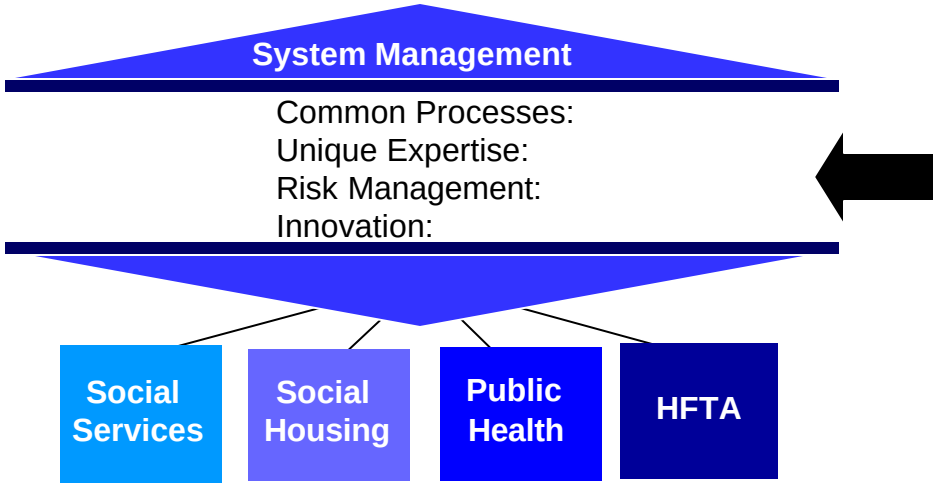
  - Option 1: Functional
    - Separate policy and planning and support functions, and integrate them into a system management umbrella that provides directions and support to the functions;
    - Maintain separate service delivery streams and functions oriented to client issues/problems; and,
    - A 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

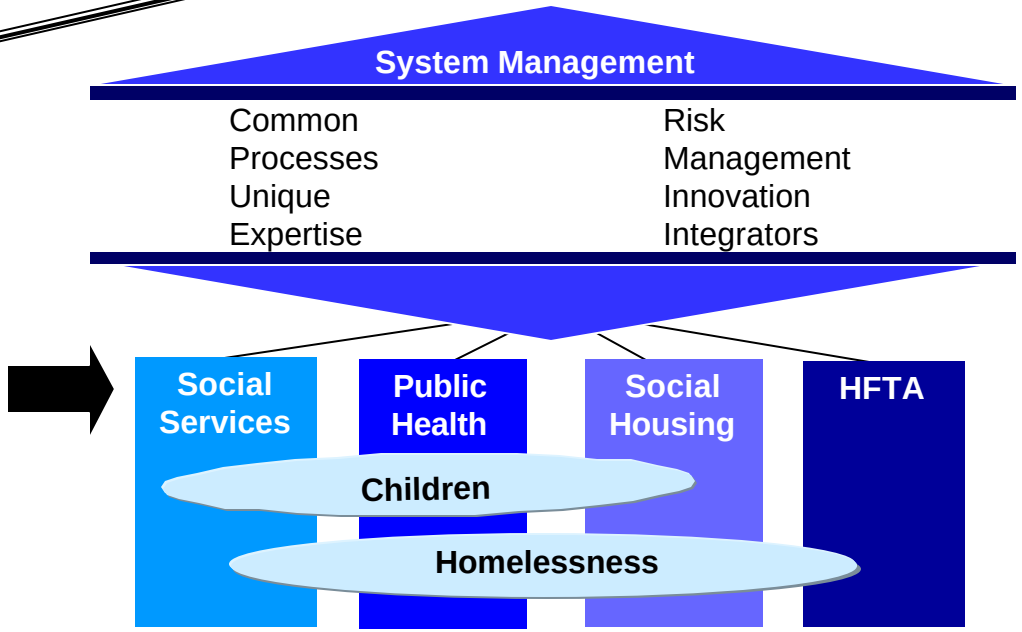


Option 1: Functional

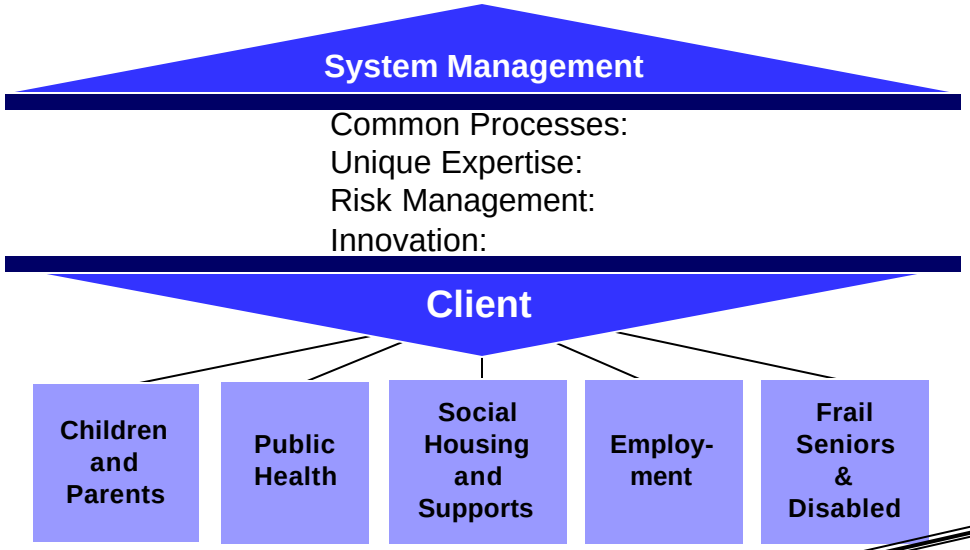
- Includes an integrated system management umbrella, providing policy, planning, direction and administrative support to the service lines.
- The service lines remain separate as they exist now, or they can be combined into groupings, emerging from similar processes, competencies, and client groups.

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.



Options Considered

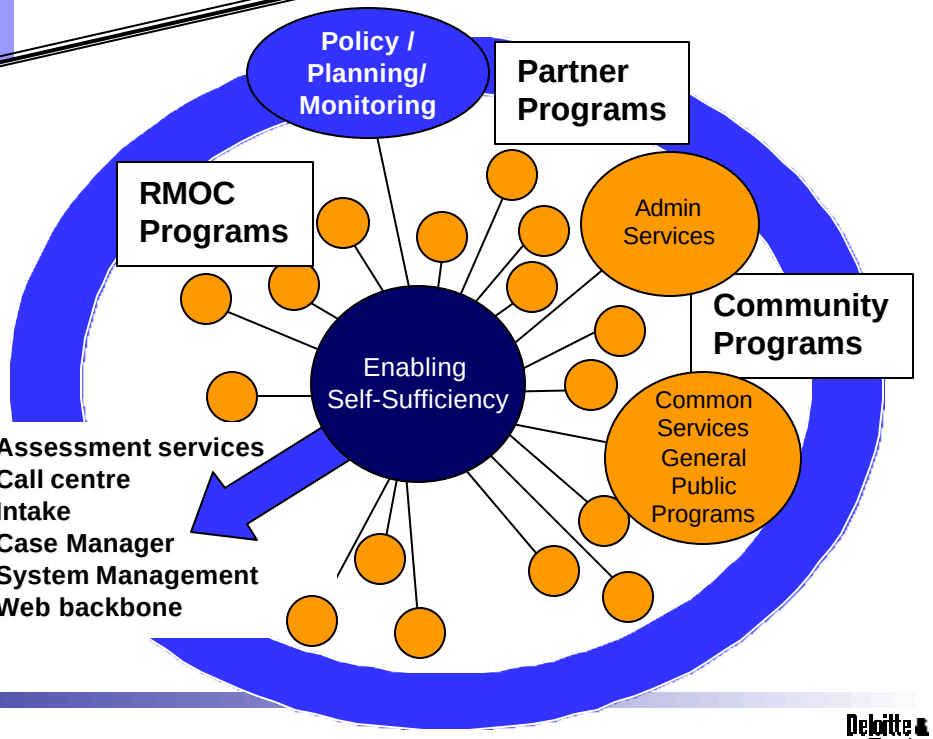


Option 3: Client

- 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.

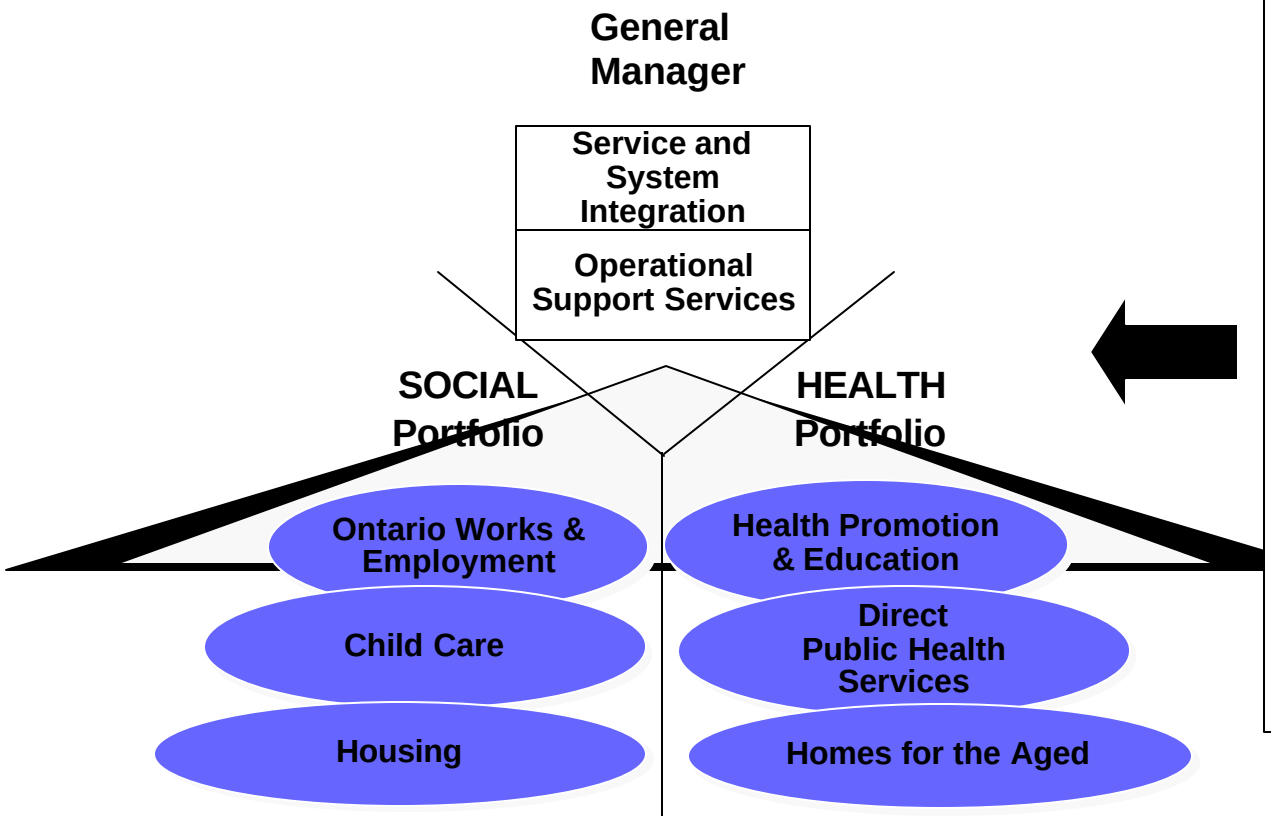


Profile of the Recommended Model

- 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.

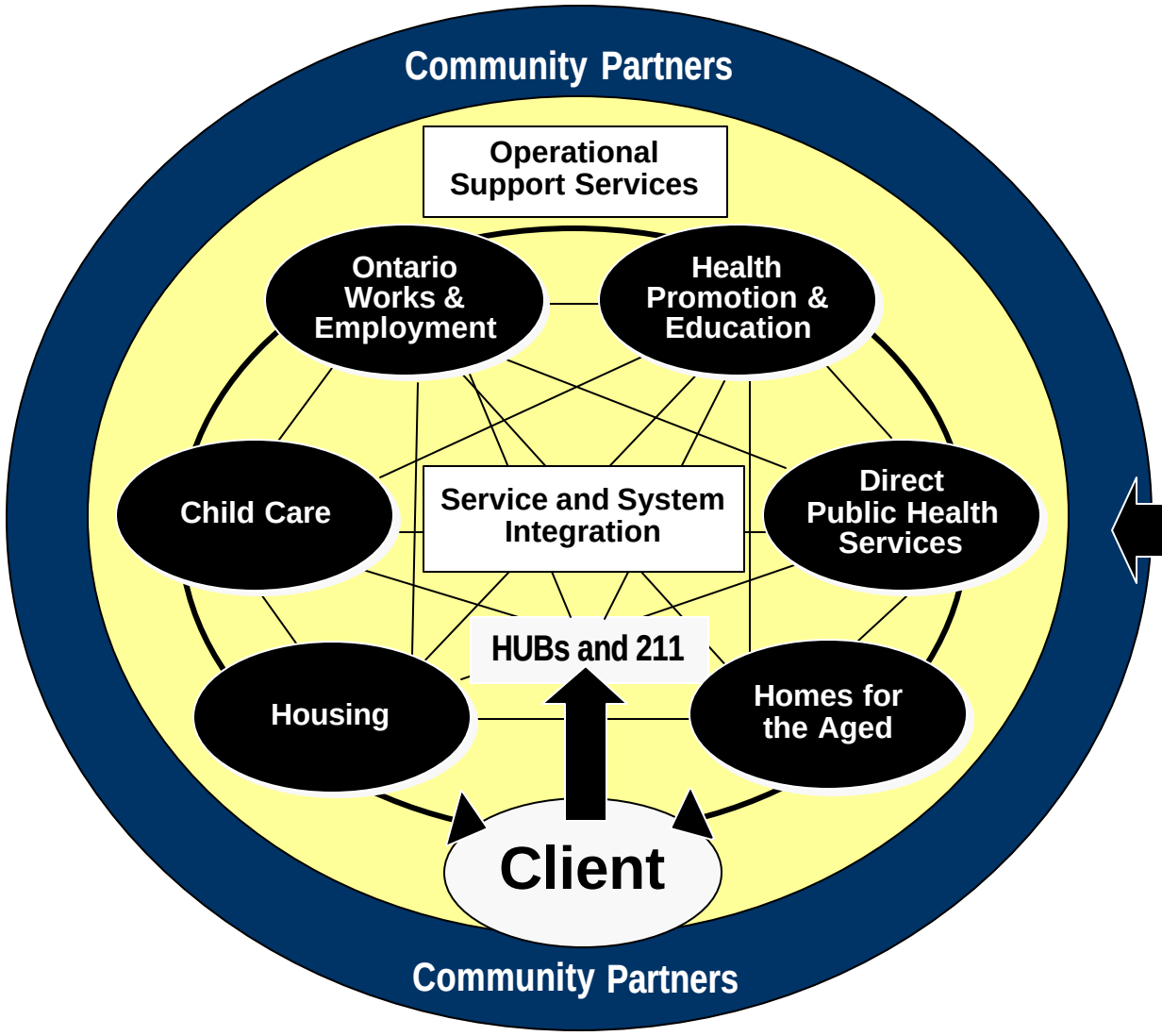
Recommended Model - Overview



Recommended Model

- General Manager 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

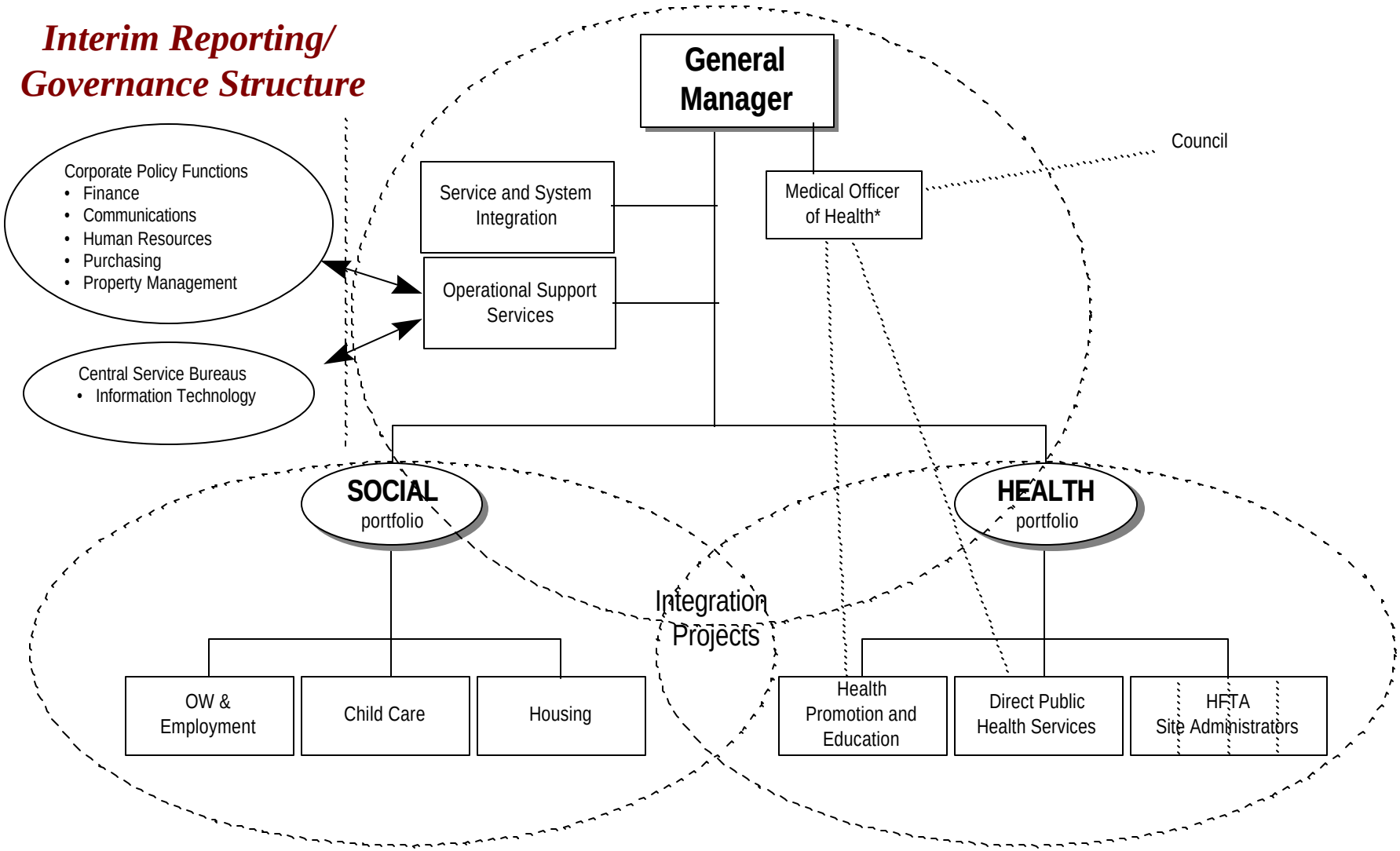


Recommended Model: Networked Functions

- 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.

Recommended Model - Overview

Interim Reporting/ Governance Structure



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**

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).

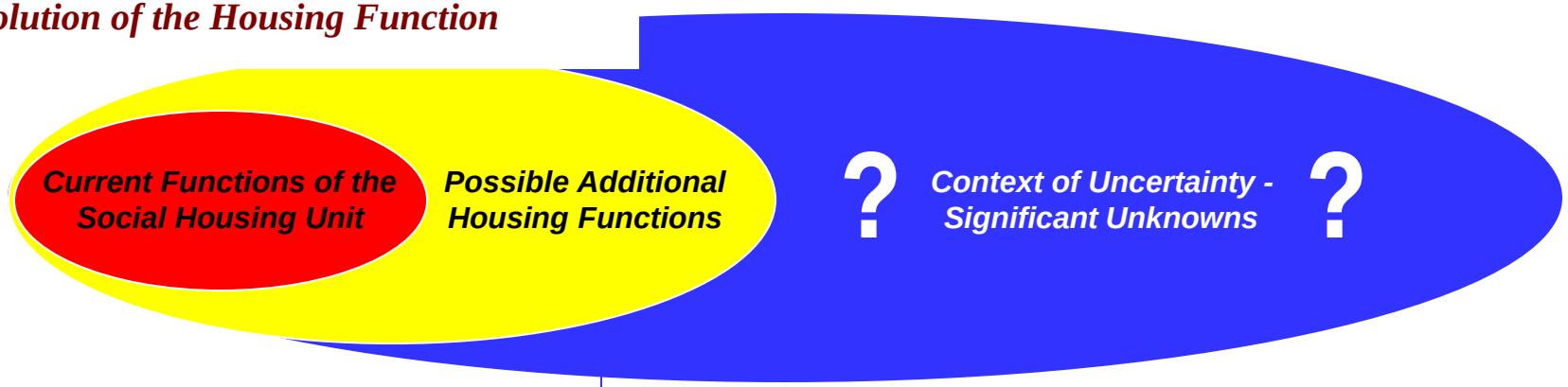
Recommended Model – Key Features

- 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



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

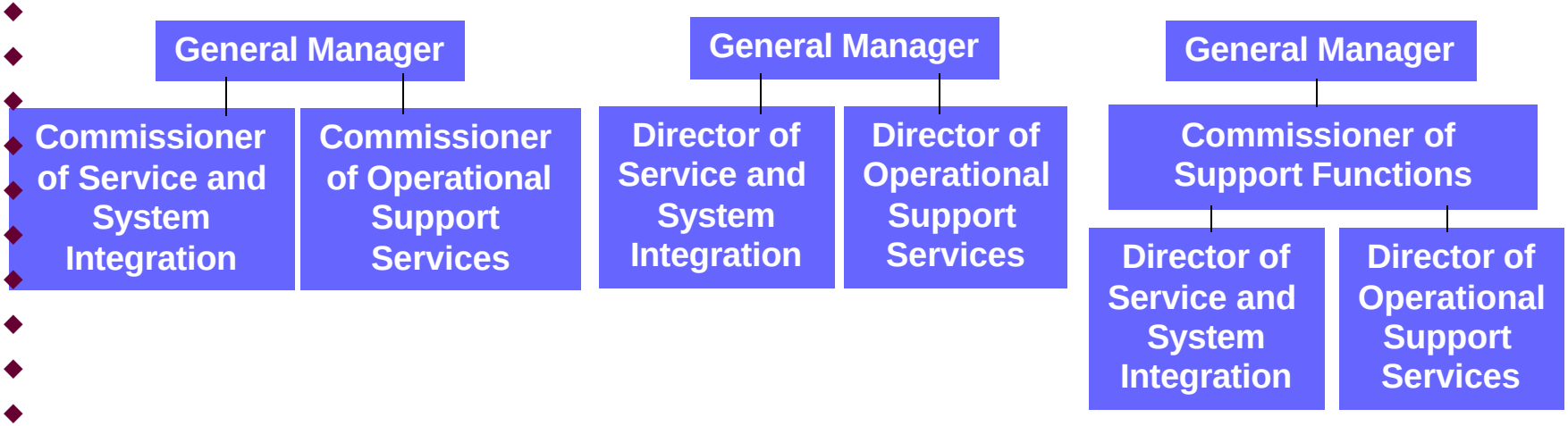
Alignment of the Medical Officer of Health

- 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:



- 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).

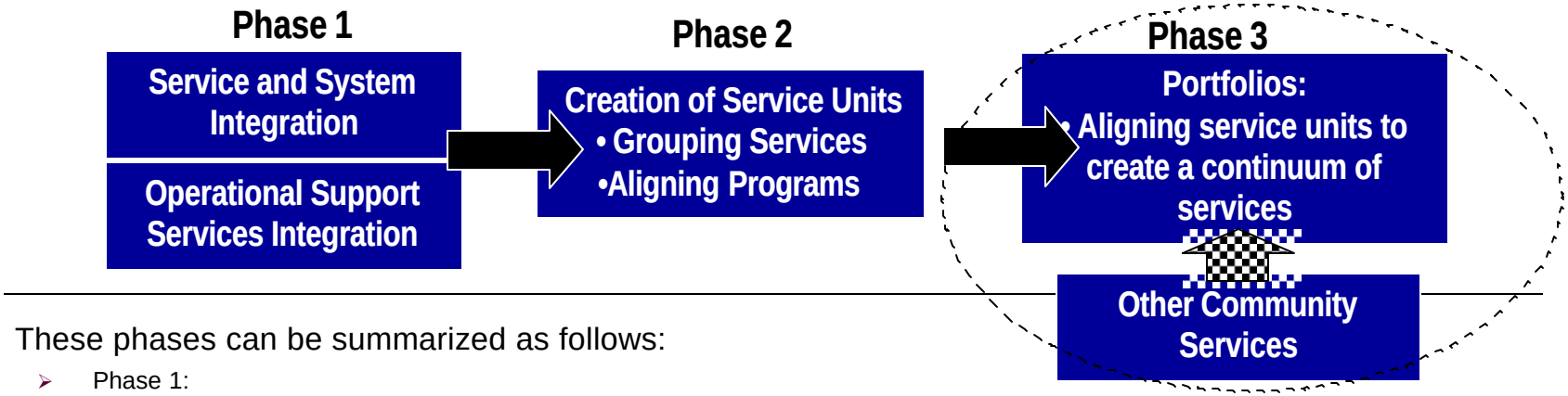
Recommended Model - Comparison with Options

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:



- 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.

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

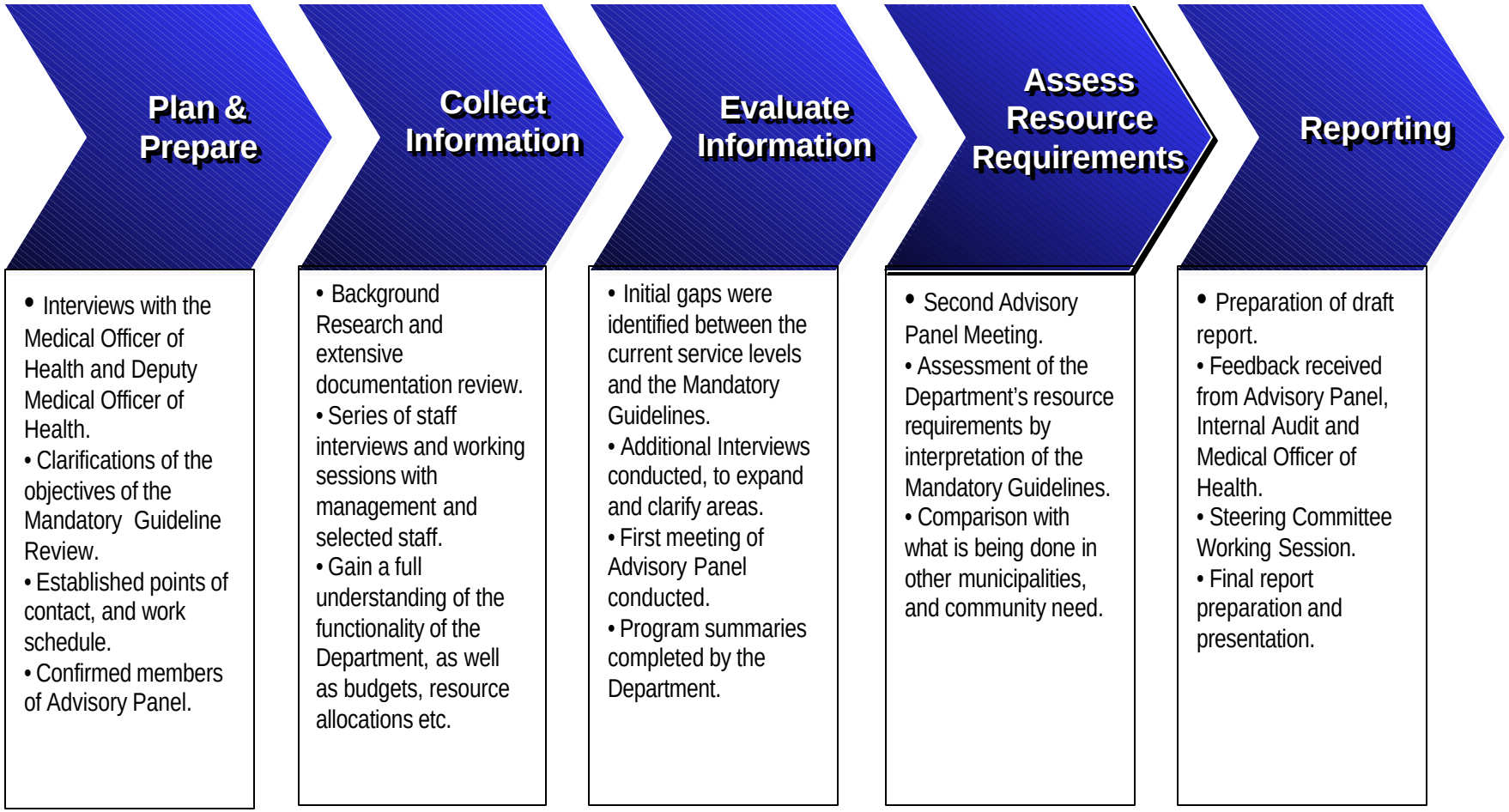
- The Health Department is currently facing three interrelated challenges:
  - Coping with the additional requirements imposed by the new Mandatory Guidelines. While some of the new requirements are clearly defined, others leave room for interpretation;
  - Balancing core programming while remaining 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:



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.

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

Deloitte & Touche

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Extract of Draft Minute
Community Services Committee
6 April 2000

REVIEW OF HUMAN SERVICES DEPARTMENTS AND FUNCTIONS
- Chief Administrative Officer's report dated 31 March 00

Ian Cullwick, Partner, Deloitte & Touche, introduced Steve Dion, Project Manager, who would be presenting on the mandatory guidelines and Jack van Beek, who would be explaining the conceptual and detailed overview of the service delivery framework and organization. Mr. Cullwick noted this was one of the first, if not the only such study, done since the inception of the Region in 1969. He explained the purpose of the study was to examine opportunities for integration and more effective service delivery across the existing four human service areas: Public Health, Homes for the Aged, Social Services and Social Housing. Many factors precipitated the need for the study: Provincial downloading, increasing regulations in certain areas, changing funding requirements, changing policy parameters from the Province, municipal restructuring, changes in technology and the changing and increasing demands from clients and the citizens of Ottawa-Carleton. Mr. Cullwick then outlined the existing department structures for human services, and highlighted that there are issues, trends and linkages between programs in the four departments that cut across departmental units. He offered the following key observations:

* the supporting infrastructure currently limits inter-departmental linkages and synergies;
* core competencies and processes allow for bundling (a number of core processes, systems and competencies that are unique to Homes for the Aged and Public Health, Social Services and Social Housing and, to a lesser degree, across all four departments);
* current reporting mechanisms not aligned with Ministries (there has been a lot of change at the provincial level);
* provincial systems and practices in budgeting, funding, performance measurement, reporting are changing and there is not the desirable degree of alignment there should be;
* the current structure is not conducive to a coordinated, community-based approach.

Mr. van Beek stated it was important to realize the consultants were not trying to create a new organization chart. The recommended model is a conceptual representation of what is felt makes the most sense for the community. He said the consultants were very conscious of the role played by many organizations other than the Region, such as volunteer organizations and individuals and they recognized that the more change introduced, the more difficult it is to preserve the trust that builds up over many years. As well, they were also very conscious that front line service delivery is a foremost consideration when making changes to the current set-up. Keeping all of this in mind, as well as what is happening in terms of the coming changes to

the City, he explained Deloitte & Touche wanted to create something reasonably flexible and adaptable. In this

respect, Mr. van Beek explained the recommended model could be adapted with a minimum of changes to the underlying concepts, creates two portfolios, and takes advantage of opportunities for greater integration and cooperation.

Mr. van Beek went on to note that during the study, there were a number of issues they struggled with. The first was the positioning of the Medical Officer of Health (MOH). This position currently embodies a number of roles, is required by legislation, and has a tendency to be snowed under with direct operational responsibility and sometimes prevents the broader overview that could benefit other parts of the new city. He said Deloitte & Touche wanted to explore the possibility of decoupling some of the direct responsibility from the more strategic and advisory aspects of the position. He noted other communities have reached the same conclusions and have found a working model and he said Deloitte & Touche felt confident in recommending this approach.

In concluding his remarks, Mr. van Beek said they recognized how important these services are, how great an impact they have on the budget and on resources, and also how important they are to preserving the quality of life in the community. They found a number of significant opportunities for integration within the broader realm of human services functions, and feel the integration will result in efficiencies in human services. As well, the proposed model would be enhanced if consideration was given to strategic investment in information technology to support activities such as client services. Mr. van Beek stated Deloitte & Touche feel their proposed concept has sufficient flexibility and could be adapted to the new structure of the City of Ottawa.

Mr. Dion stated the mandatory guideline review was conducted parallel to the human services review and its purpose was to study how the Health Department could meet the Province's mandatory guidelines in 17 broad program areas that were changed substantially in 1997. The Health Department is currently facing three challenges: 1) coping with the additional requirements imposed by the new guidelines; 2) the need to balance core programming with the ability to respond to emerging health priorities; and, 3) the reality of fiscal constraint and being able to operate with restricted budgets.

Mr. Dion stated the review concentrated on how the Department could best meet the new guideline requirements and a panel of four experts were retained (including two former Medical

Officers of Health of Ontario) to serve as advisers. He noted an important part of the panel's role was interpreting the guidelines and assessing the resource requirements in the context of their external, objective interpretation of the guidelines. As well, Deloitte & Touche consulted extensively with the Health Department, to determine its vision for program delivery and what was currently taking place in terms of addressing the mandatory guidelines, and also gathered data on community need. This information was provided to the panel who were then able to render an interpretation of the guidelines that were grounded in the community's needs.

With respect to the advisory panel's conclusions, Mr. Dion advised it recognized the need for an additional 22.35 FTEs (including the 10 FTEs approved by Council in the 2000 budget) and $48,000 for the Health Department's budget. The panel deferred an opinion on an additional 23.5 FTEs recommending that the Department engage in detailed and integrated planning of three service areas. These areas were: delivery of services to schools, an area where the mandatory guidelines are very prescriptive, and where the Department had identified a significant shortfall in terms of resource requirements. The second concerned access and dissemination of information and the panel felt there was a great opportunity to use new technologies in the areas of call centres to add efficiencies and to free up resources that are currently being used to staff phone lines. The third area was in relation to tobacco, because of the changing demographics of our community, this was viewed as an important area of need.

Mr. Dion advised Deloitte and Touche endorse the recommendations of the advisory panel and also recommend that the Region consider the following points from an implementation perspective. First, in looking at additional staffing, it should first dispose of the human services review, to determine what gains or savings may flow out of that; second, the development of the three integrated service delivery strategies noted earlier; and third, assess the implications of moving to a one city model.

Having completed their presentation, the delegations then responded to questions from the Committee.

Councillor Holmes sought clarification on Mr. Dion's statement that Deloitte & Touche endorse the recommendation of the advisory panel concerning the 23 FTEs yet they do not recommend the Region hire staff. Mr. Dion replied Deloitte & Touche did not feel it was within their scope of authority to tell the Region who to hire or not to hire, but there was certainly recognition of a resource requirement. He noted that within the report, there are areas where the panel suggests efficiencies can be gained, such as in the dissemination of information, where professional

resources could be freed up by the use of alternatives. The panel suggested that these areas be looked at before determining what the net staffing requirements are.

Councillor Holmes then questioned how the consultants had arrived at their recommendation that the MOH should play an advocacy role and not manage the Department. Mr. van Beek replied they viewed the MOH as having three roles: advisory, technical and administrative. As the requirements under the mandatory guidelines change, and as the community needs change, that role is becoming more and more demanding. He explained in their research, they found evidence there was a desire to look at an alternative model. For example, the Association of Municipalities of Ontario (AMO) lobbied for changes to the Health Promotion and Protection Act that were passed in 1997. Previously the MOH was designated, under the legislation, as the Chief Executive Officer of the Health Department, and that changed. Based on some of their

research, part of the rationale for this change was to take away the constraints of administrative responsibility. Mr. van Beek noted they provided examples of where this is occurring in other communities, for example Peel Region has had this model operating for a year. He said part of their rationale was to permit the MOH to advise Council on broader health issues versus being constrained to managing delivery of mandatory guidelines. Responding to a further question from Councillor Holmes, Mr. van Beek advised Peel had significantly increased their Health budget, with much of the resources dedicated to meeting the mandatory guidelines.

Councillor Loney noted the advisory panel recommended 22.35 FTEs and $48,000 and he asked if this meant that all but $48,000 could be found within the existing budget to hire those people. Mr. Dion replied this was not correct and advised the $48,000 was to address specific requirements in the guidelines (e.g., $38,000 of it was for a new requirement for fissure sealants in the Dental Program). He said Deloitte & Touche had not estimated the cost of the recommended additional FTEs as it would be impossible for them to estimate (at this time) what potential savings could flow from either specific areas where the advisory panel recommended the Department review its resource allocations, or out of moving to a more integrated model.

Responding to further questions from Councillor Loney, Mr. Dion advised the members of the advisory panel were: Dr. Richard Schabbas, former MOH for the Province, Dr. David Mowat, also a former MOH for the province and for Kingston, Diane Bewick, an expert in public health nursing, and Andy Papadapolous, Executive Director, Association of Local Public Health Agencies (ALPHA). Councillor Loney asked if it would be fair to say, that Deloitte &

Touche's reasoning behind their positioning of the MOH, was that the operation would be too vast for the CAO to be in charge of. Mr. van Beek agreed this would be a fair statement.

Councillor Byrne questioned why the Homes for the Aged (HFTA) site administrator would not report to the MOH. Mr. Cullwick replied the MOH currently has three roles to play, advisory, technical and administrative. He said in the recommended model, they saw the HFTA units as program areas and the Health Commissioner in charge of program management and administration. They saw the MOH as having more of a strategic advisory role. Councillor Byrne felt a Health Commissioner would mean an extra layer of bureaucracy.

In response to questions posed by Councillor van den Ham, Mr. Dion advised the mandatory guidelines are in some cases very prescriptive and in others, there is more room for interpretation. He said in balancing these guidelines against what the community needs or desires, the consultants relied on data gathered in consultation with the Health Department.

Councillor van den Ham referred to the chart on page 3 of the report and noted the panel recommends an additional 23.5 FTEs while the Department wants about 59 FTEs. He asked the consultants to explain the gap. Mr. Dion advised that the advisory panel deferred recommendation on the 23 FTEs that were requested for services to schools, access and dissemination of information and tobacco. In these three areas, the panel recommended the department look at a more integrated strategy for meeting the needs, as the needs were identified across programs. With respect to the balance, the panel did not agree with the resource requirements the Health Department had requested.

Committee Chair Munter read three Motions submitted by Councillor Holmes and Committee then heard from the following public delegation

Margaret Singleton, City Living, advised she had only just received the report that afternoon and so she had not fully absorbed it. She stressed that although the model is very conceptual, she was concerned with what could happen if the Transition Board were to receive it, before it was given a great deal of consideration. Ms. Singleton offered that she found the treatment of housing in the consultant's recommendation somewhat strange. She noted there is recognition in the report that housing is in a particularly uncertain state but there is no clear recognition that currently the Region (and presumably the new City) does not have a direct service role in housing other than as funder and program administrator.

Referencing the recommended model on page 9 of the report, Ms. Singleton felt there were two ways of interpreting the fact that housing was included with the five areas where the Region has a direct service role, and both caused her concern. The first way of interpreting it is that the housing is intended to be the municipal non-profit housing providers (e.g. City Living). She explained that currently City Living's relationship with the City of Ottawa, is very much an arm's length one. She said the City Living Board and City Council believe this to be a very definite improvement from the situation that existed prior to 1995, where City Living was much more closely integrated into the municipal administrative structure. Ms. Singleton advised the City Living Board is very committed to trying to maintain this position in whatever scenario emerges in the new municipality.

Ms. Singleton said the second interpretation derives from work the Province has been doing around universal access to Ontario Works, Childcare and Housing benefits. She said this issue had not been debated, to her knowledge, at the Region but had been debated extensively at the Province, with input from housing providers across the Province. Ms. Singleton advised a report was produced and the Ontario Non-profit Housing Association raised a series of issues as to why the integration of these services is not necessarily something that makes sense. She said if this is part of the intention, she would hope the Region would not be sending this through to the Transition Board with an implication of support for it. Referring to the service delivery model approved by

Council the previous Wednesday, Ms. Singleton offered her opinion that this was not consistent with the recommended model in the staff report on human services. She said in the approved service delivery model she noticed that City Living was included under the Social Services and Housing Commissioner, as well as on its own in a box to the right (like a local Board). She felt the second option made more sense.

The matter then returned to Committee for discussion. Referring to Councillor Holmes Motion, Councillor Loney suggested the last two should in fact be amendments to the first Motion. He felt if the motions were separated, it would appear the Committee was endorsing the entire report as presented.

Councillor Holmes agreed to this suggestion. She stated that the conclusions the were of no surprise. She said the Committee and Council were well aware the Health Department was not meeting its core recommendations from the Province and they also knew there was not sufficient money or staff to do this. The Councillor felt the 23 recommendations from the advisory panel were the absolute least that they could professionally agree on and recommend because of the

restricted budget. She opined it was pointless to engage the panel and then restrain them with budgetary considerations.

The Councillor said she was not surprised to see that an additional 23 FTEs were needed as an absolute minimum and in fact, probably a lot more are needed. She said she was disappointed to find out the Department did not ask for any additional health/food safety inspectors.

Referencing the consultant's recommendation that the Medical Officer of Health have more of an advocacy role, Councillor Holmes expressed great concern about separating the MOH from the budget. If this were to occur, she felt certain the MOH, who is inundated with demands from the public (e.g. universities, schools, hospitals, residents, etc) for additional funding for health programs, would be coming forward at budget time with recommendations for increased funding. The Councillor stated she was not pleased with the proposal for a General Manager, as she felt this added another level of bureaucracy. She said she would not be supporting the recommended model.

Referring to the first portion of Councillor Holmes motion, Councillor Beamish stated it was his understanding that the 22.35 FTEs recommended by the consultant, included the 10 positions approved by Council in the 2000 budget. He questioned why Councillor Holmes' motion said the full 22.35. Chair Munter confirmed that as a step towards meeting the mandatory guidelines, $880,000 had been included in this year's budget for 10 FTEs. Councillor Beamish felt the motion should be clarified to say the 22.35 FTE's included the 10 FTE's approved in the 2000 budget. Councillor Holmes agreed to this amendment.

Councillor Doucet said he had a hard time taking this issue seriously, as it reminded him of the Ottawa Hospital restructuring. He said if this model is approved, the Region would move from a very efficient system to an absolute mess, that will cost the next five years of reorganizing. With respect to the MOH playing more of an advocacy role, the Councillor felt the fact the MOH was in charge of the budget increased his ability to defend his recommendations. He said he would not be supporting the staff recommendation.

Councillor Kreling expressed his support for the motions put forward by Councillor Holmes. However, with respect to the recommendations going forward to the Transition Board, Councillor Kreling emphasized the importance of the Transition Board having information on the mandatory guidelines (which they will have as part of their budget review) as well as indicating to them that it is because of these Provincial requirements that the Department finds itself in this position. The Councillor went on to say he did not see that the recommended organization

structure was in line with what was approved at Council the previous day. He said he did not mean to imply anything negative towards Deloite & Touche as he felt they had done what was asked of them. The reality is however, that under the new City structure, the organization will have to be flatter and more service oriented, such as what was approved by Council.

Councillor Loney stated his opinion that the advisory panel's conclusions were important but he also felt it important that the practical aspects be looked at, including administrative efficiencies. He said this did not mean there should be someone in an administrative capacity over the MOH, as he felt both of these aspects could be embodied in the MOH. Councillor Loney felt it was important that this item be brought before the Transition Board so that it is included in the preliminary estimates and that wherever possible, people within the overall system fill these positions. He felt it reasonable that the additional 23.5 FTEs be found as part of the reorganization effort. In concluding his remarks, Councillor Loney stated he would be very interested in having the Department, on an on-going basis, monitor where their counterparts across the province are vis-a-vis meeting the mandatory guidelines. He said this would not preclude the Region from going beyond the guidelines when it is considered important for the community but it would be useful to have this as background information. Councillor Loney stated he would be supporting Councillor Holmes' motion.

Councillor Byrne stated she too would be supporting Councillor Holmes motion. She said she felt the MOH has been very active in promoting health care and that he is able to defend his budget because he has managed his department. It is obvious that he is able to carry out those roles in addition to being an advocate. With regard to integration between the commissioners, Councillor Byrne stated it this is what they have been doing and it has been a matter of course for the two departments to integrate on many issues and programs and they have done it well. She did not feel a General Manager was needed and would merely add an extra layer of bureaucracy.

Committee Chair Munter thanked the consultants for the effort they put into their report and the time spent with the expert panel. He noted that when this report began out of the 1999 budget process, there was no talk of a single City. Since that time, things have changed and as a result, the consultants recommendation are not consistent with the current thinking around the direction Council believes the new single city should go.

Chair Munter stated he would be supporting the motion put forward by Councillor Holmes and felt its intent was consistent with what was approved by Council the previous day.

Extract of Draft Minute
Community Services Committee
6 April 2000

The Committee then considered the Motion:

Moved by D. Holmes

1. That Community Services Committee recommend Council:

a) Endorse only the Deloitte and Touche report conclusions that the Region must allocate resources to the Health Department to meet the minimum provincial standards for public health and recommend 22.35 additional FTE's (including the first 10 FTE's approved in the 2000 budget) and $48,000 for program expenses be included in the 2001 budget estimates and that the Transition Board be so advised;

b) Request the Transition Board NOT implement the departmental structure outlined in the Human Services Departments and Functions report, as it is inconsistent with the Council resolution of 5 April 2000 and it does not meet Council's goal of a flatter, leaner and less bureaucratic structure; and,

c) Not agree with separating the Medical Officer of Health function from the management function of the Health Department.

CARRIED
(D. Beamish dissented on Sections b and c)