

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT
RAPPORT

Our File/N/Réf.
Your File/V/Réf.

DATE 24 February 1997

TO/DEST. Chair and Members,
Community Services Committee

FROM/EXP. Co-ordinator, Community Services Committee

SUBJECT/OBJET **HEALTH DEPARTMENT - INTERNAL AUDIT REPORT**

REPORT RECOMMENDATION

That the Community Services Committee receive this report for information.

BACKGROUND

The attached report was listed on the 06 Feb 97 Community Services Committee Agenda as Information Previously Distributed. Committee Chair M. Meilleur has requested that the report be placed on the Agenda for 06 Mar 97, for information.

This report respectfully submitted.

Approved by
M. J. Beauregard

Attach (3)

REGIONAL MUNICIPALITY OF OTTAWA CARLETON
 MUNICIPALITÉ RÉGIONALE D'OTTAWA CARLETON

MEMORANDUM
NOTE DE SERVICE

Our File/N/Réf.
 Your File/V/Réf.

DATE 10 January 1997

TO/DEST. Chair and Members of Regional Council

FROM/EXP. Regional Auditor

SUBJECT/OBJET **INTERNAL AUDIT'S REPORT ON IT'S WORK WITH THE
 HEALTH DEPARTMENT**

BACKGROUND

The Internal Audit Department has completed its work with the Health Department. The attached report presents a summary of Audit's work and related recommendations intended to help the Department become more cost-effective. The detailed audit report is available from the Regional Clerk's Department.

Our work with the Health Department occurred during a period of unprecedented change. A change in the Department's leadership, the departure of the Home Care Program, a series of provincial funding announcements, the Corporate Review, changes to the Teaching Health Unit program and the current uncertain status of funding and governance characterize the past year. Throughout this period of challenges and stresses, your Health Department's management team maintained their commitment to their programs and their community.

Audit worked closely with the Health Department's management team throughout. Since all this work took place without a permanently appointed Medical Officer of Health leading the Department, we purposely delayed the conclusion of this project and the distribution of our report until we had the opportunity to discuss it thoroughly with the recently appointed Medical Officer of Health, Dr. Robert Cushman. Dr. Cushman's comments are attached.

PUBLIC CONSULTATION

As this was a review of internal management practices, public consultation was not deemed appropriate or necessary. However, there was extensive consultation with management and staff in the Health Department, and with selected other public health practitioners within Ontario and across Canada.

FINANCIAL IMPLICATIONS

This report does not have direct financial implications for the Corporation. However, as the Department implements these recommendations, it will become more cost-effective and be better positioned to deal with further funding reductions, should they occur. To a large degree, the extent of expenditure reductions will be dependant on forthcoming Provincial funding decisions.

*Approved by Richard F. Palmer
Regional Internal Auditor*

RFP/kh

REGIONAL MUNICIPALITY OF OTTAWA CARLETON
 MUNICIPALITÉ RÉGIONALE D'OTTAWA CARLETON

MEMORANDUM
NOTE DE SERVICE

Our File/N/Réf.
 Your File/V/Réf.

DATE 13 January 1997

TO/DEST. Chair and Members of Regional Council

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **INTERNAL AUDIT'S REPORT ON IT'S WORK WITH THE
 HEALTH DEPARTMENT**

BACKGROUND

The final report on the Health Department, conducted by the Internal Audit Department, has now been completed.

I have studied the Report and discussed the findings and recommendations with members of the Health Department Management Committee. In an accurate analysis of Health Department activities, the report underscores Ottawa-Carleton's leadership role in public health programs in Ontario. Nonetheless, the Report identifies a number of areas where improvements in management can be made. The recommendations are both practical and feasible.

Clearly this report represents hard work by many people in Internal Audit and at the Health Department. While I would like to thank all the participants, special mention goes to Dick Palmer and Susan Josselyn in Internal Audit, and Geoff Dunkley in his role as the Acting Medical Officer of Health. I would also like to thank members of Management Committee in the Health Department.

The internal audit process involved Health Department staff from beginning to end. Communication and dialogue were excellent. In many respects this Report speaks for staff, as to how their department can be better managed in the years to come.

We intend to use the report to plan and implement organizational changes between now and 15 June 1997, to prepare for our new programming cycle in September 1997. The purpose is to create a leaner management team with more clearly defined goals and objectives, while maintaining and improving services in the face of future financial challenges.

*Approved by Robert Cushman
 Medical Officer of Health*

**REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
INTERNAL AUDIT DEPARTMENT
REVIEW OF PUBLIC HEALTH PROGRAMS**

REPORT SUMMARY

This report provides a summary of Internal Audit's full report.

BACKGROUND

Purpose. This Internal Audit project with the Health Department was part of the overall corporate objective of conducting business as cost-effectively as possible.

The Region's Health Department is in the midst of significant change - the departure of the former Medical Officer of Health, programming and funding changes from the Province and a new governance and delivery structure for the Home Care program. Accordingly, assisting the Health Department's management team to address current issues was seen as a priority.

Scope. A separate study of the Home Care Directorate of the Health Department was started by Internal Audit early this year. However, given the provincial announcement to create Community Care Access Centres, the Region will no longer be responsible for the governance or delivery of home care programs. This is a dramatic change from both programming and financial perspectives as it transforms the Health Department from an \$80 million dollar annual operation to one that is approximately a quarter the size. As a result, Audit's work with the Health Department excluded the Home Care Directorate and focused on the other five directorates involved with the delivery of public health protection and promotion services.

Departmental Budget and Resources. The Health Department's 1996 budget, excluding the Home Care program, totalled approximately \$26 million with an estimated 350 full-time equivalent positions.

Evolution of Public Health Services. Public health services have evolved significantly over the past two decades. Local, provincial, federal and international initiatives have reshaped health services in this country to place emphasis on health promotion and prevention versus the more traditional focus on treatment and protection. The Region's Health Department is considered to be at the forefront in the provision of progressive services that include fundamental treatment and protection services as well as a wide range of health promotion services for all age groups within the community.

CONTEXT

The Region's Health Department is viewed by the Ontario Ministry of Health as one of the leaders in the public health sector. The credibility of the Region's Associate Medical Officers of Health (A.M.O.H.'s) and Directors involved with provincial advisory committees, the Department's progressive approach to service delivery, and its ability to cope effectively with crises such as the meningococcal outbreak of 1991 - 92 are noted as strengths. The Department's transition, during the mid-80's, toward a population-based approach to public health was a major challenge for all, and has been largely successful. Its staff complement can be described as highly educated, knowledgeable and extremely dedicated.

Public health is a complex field. To be successful service providers must consider numerous factors such as staff expertise, knowledge and adaptability, the cooperation of many other independent boards and agencies in the community, data collection and the ability to measure and prove results. The issues identified during this project relate to the management structure and practices of the Department, and its readiness to respond to changing provincial direction. These are typical areas that present challenges for any organization and are not intended as criticisms of the management or staff of the Department. It should be noted that Health management and staff have been most cooperative throughout this project. It is felt that their commitment and strengths will serve them well in implementing the recommended changes.

MAJOR ISSUES

Funding. From a financial perspective, what the Department must be prepared to address is two-fold:

- Changes to programs and resourcing to accommodate the return to a 25% funding position;
- Further adjustments that may be necessary should there be future provincial reductions to the Public Health envelope.

As mentioned earlier, the intent of this project was to assist in strengthening management's ability to address these financial and programming pressures over the longer term. While some recommendations contained in this report point to possible savings in the short term, the focus was on streamlining the organizational structure, clarifying and expanding the role of management committee and key positions, strengthening program planning/design/evaluation and communications, and improving management practices seen as critical to the Department's continued success. These changes will be necessary to position the Department to respond effectively to the challenges ahead.

Program Focus. With its growing emphasis on health promotion programs, the Department has focused on developing partnerships, working somewhat “behind the scenes” and playing a more subtle leadership role. As a result, while public health is an essential community service, the Department’s contribution is not always readily apparent to the general public. The Department’s expertise and experience needs to be more tangibly demonstrated to the residents of Ottawa-Carleton so that tax-payers can more easily recognize the value of the services provided.

Choices made regarding the health issues targeted and the programs developed determine the Department’s role and directly affect the cost-effectiveness and value-for-money of the services provided. The directorates of the Department have historically selected service priorities and assigned resources independently within each directorate. In a climate of limited and shrinking resources, there is a need for senior management to collectively assess the *relative* priority of programs across all areas of the Department. Program options should be compared in terms of impact and cost-effectiveness.

Given that communications is a significant component of the Department’s health promotion mandate, the communications function appears to be under-resourced. With only two qualified communications professionals and a small contract budget, Public Health Nurses are often in the position of having to design communications tools and initiatives themselves. Reaching and influencing the general public on lifestyle choices may also warrant an increased use of broader marketing strategies than are presently possible.

Program Coordination & Evaluation. There are many programs within the Department which interconnect with each other. For example, different groups across the Department design and deliver programs aimed at promoting healthy lifestyles. Common issues, strategies and tools can be employed if efforts are effectively coordinated. Numerous positions currently play a role in coordinating program activities in order to avoid duplication or overlap. However, with these responsibilities spread across the Department, it is a time-consuming and challenging task. Responsibilities should be reassigned so that program coordination is an inherent part of the organizational structure versus having to superimpose it.

Various program evaluation studies have been conducted, particularly in the Child & Adolescent and Adult Directorates. The Department should now concentrate on improving the focus and usefulness of evaluation results. As suggested by the Ministry of Health, evaluations should provide direction both in terms of program outcomes and the efficiency of activities. In addition, there is a need to consciously focus on analyzing the *relative* value of programs targeting different ages and issues.

Roles and Responsibilities. The Department's management committee currently consists of 13 positions. There is a need for clearer direction from this senior management level on departmental issues such as programming and resource allocation. Re-structuring and streamlining this committee will be critical to enhancing its effectiveness. Clarifying the respective roles and responsibilities of Directors, A.M.O.H.'s and other key positions will also be important.

Administrative Support. Office support staff are unevenly distributed across the Department with some program teams having inadequate administrative support. This means that some program staff are unduly burdened with administrative tasks, reducing the time available for program work. Office space and basic tools such as phones and computers also appear to be inadequate in some areas.

Organizational Structure. Many of the recommended changes are aimed at improving the organizational structure of the Department. There is a need to streamline the management structure, clarify roles and accountability, reduce the amount of coordination required between groups, facilitate management decision-making at a departmental level, strengthen program planning, design, evaluation and communications, and generally make better use of the available human resources.

CONCLUSION

The Department is at an important juncture. Internal Audit's recommendations are intended to help provide a stronger foundation for the Department to deal with current and future challenges. In summary, the recommended changes are to:

- streamline the management structure;
- simplify the division of program management and coordination responsibilities;
- sharpen program priorities;
- emphasize program results;
- strengthen program planning and evaluation capabilities;
- improve public communications strategies and tools; and
- be prepared to justify programs and demonstrate their value.

Annex 4 to the full report provides a complete list of all recommendations resulting from Internal Audit's work.

Over the longer term, cost savings or reductions will come from delivering programs more cost-effectively through the wise use of available staff and the redirection, reduction or elimination of programs. The Province's Chief Medical Officer of Health stressed that these would be the key challenges for the entire public health profession over the next few years.