

TORONTO STAFF REPORT

November 17, 2004

To: Board of Health

From: Dr. David McKeown, Medical Officer of Health

Subject: Update on Reorganization of Family Health and Healthy Lifestyles Service Areas

Purpose:

To report back to the Board of Health on the staff-related implementation issues emerging from the restructuring of Family Health and Healthy Lifestyles as requested by the Board of Health.

Financial Implications and Impact Statement:

There are no financial implications.

Recommendations:

It is recommended that the Board of Health receive this report for information.

Background:

The Family Health/Healthy Lifestyles Organizational Review was initiated in January 2003 temporarily halted during the SARS Emergency and resumed in August 2003. The purpose of this review was to examine, and revise if necessary, the current organizational structure in order to accommodate organizational growth that has occurred over the past five years, support implementation of a number of program redesigns and identify more effective ways of planning and delivering services to meet the needs of our community.

Through a process of consultation with managers and staff, a revised organizational structure was developed in accordance with Corporate Guidelines for Organizational Structure Change and Approval (October 2001) and approved by the Divisional Management Team in February 2004. The next project phase was implementation planning and this included an analysis of the impacts, which subsequently identified a number of areas of interest to CUPE Local 79. This report provides an update on the implementation of the reorganization of the Family Health and Healthy Lifestyles service areas.

Comments:

The endorsed Healthy Families and Healthy Living organizational model is based on a set of design principles. These include: service to community, client accountability, quality assurance, resource management and quality of work life.

The new structure will be a program based model, as opposed to the current regional model for the Healthy Lifestyles/Family Health service area. In the new organizational model, there will be two service areas: Healthy Living (HL) and Healthy Families (HF). While the structure will be predominantly program based, geographically-based teams will continue to respond to local community needs. Within these service areas, staff and managers will be assigned to one of four directorates: Healthy Communities (under HL), Chronic Disease Prevention (under HL), Reproductive and Infant Health (under HF) and Child Health (under HF). The revised model offers substantial benefits to TPH clients and the community, as well as to the managers and staff who plan and deliver services.

Benefits include:

- (a) Matching existing resources to community needs will enable harmonization of services throughout the city while maintaining current total FTE complement for each service area.
- (b) Program-based directorates and single manager accountability will enhance program planning, monitoring and evaluation.
- (c) Program-focused staff will have increased knowledge and/or expertise that contributes to improved client service.
- (d) Practice within service areas and directorates will continue to provide a variety of work and sufficient opportunity for staff to practice their full range of professional skills while gaining efficiencies in training and staff development.
- (e) Establishing two continuous quality improvement teams will serve to formalize and support quality assurance practices across all program areas of Healthy Living/Healthy Families. Thereby assuring quality services to the community and reducing risk of liability.
- (f) Establishing school-age health promotion teams will enhance access to services for schools and youth in the community.
- (g) Re-balancing the manager to staff ratio will increase managers' capacity to mentor and support staff, especially for case management with PHNs visiting high risk families.

Staff have been and will continue to be informed about the reorganization through information sessions and written communiques which have been planned and executed to coincide with completion of critical milestones of this project. TPH management has also been working with Corporate Human Resources, Labour Relations and CUPE Local 79. Toronto Public Health management convened an initial meeting with the Union Executive in early June 2004 to provide information on the proposed organizational realignment and to identify areas of common interest requiring collaboration for effective resolution.

Union Executive and Toronto Public Health Management Staff have been meeting weekly during September and October to address key implementation issues.

Implementation Issues:

(1) Staff Mapping Process

It is crucial that TPH develop an open, transparent and fair process for mapping staff to geographically based service teams and existing office locations (12 in total).

An initial process for aligning approximately 600 staff to teams and offices in the revised structure has been outlined and reviewed extensively with the Union executive. Staff information sessions to explain this complex process were conducted across the four regions on October 26th and 28th, 2004. In a subsequent debriefing meeting with CUPE Local 79, on November 3, 2004, options for addressing staff concerns about the process were explored. Changes in the mapping process are currently being made to address issues raised by staff and CUPE Local 79.

TPH management will endeavour to provide most staff with an opportunity to express a preference for their work assignment and their preference for office location. However, the revised organizational model, coupled with the constraint of maintaining existing office locations, will require some staff to relocate. In addition, some staff reassignment is required to harmonize staff resources with community needs across the amalgamated city.

(2) Effective Information Sharing

TPH is committed to providing sufficient information for staff to make informed decisions in the Staff Mapping process. Staff will receive information packages with descriptions of available assignments, geographic boundaries for the work of each team, the number of full-time and part-time positions per team and the office locations. They will also know the names and office locations of all managers in both the Healthy Living and Healthy Families service areas.

(3) Transportation Issues

The need for staff to have access to a car to efficiently carry out their work has become a reality for TPH to effectively serve clients across a city this large. It is inefficient for staff to travel within and between certain parts of the city on public transit for work that spans wide geographic areas. Where requirements for access to a car have changed, this has been an area of concern for

some staff. The Staff Mapping process will list available assignments that will not require staff to have access to a car at this time. In addition, staff will be fully acquainted with the interim corporate Meterage and Parking Policy currently in place in the City of Toronto until such time as a harmonized policy for meterage and parking reimbursement is in place.

Conclusions:

The planning and implementation of the Healthy Living and Healthy Families service areas represents a large change initiative for Toronto Public Health.

Working together with CUPE Local 79 on the complex Staff Mapping process and other issues has been extremely beneficial and has resulted in a productive partnership. TPH will continue to assess and manage the implications of the reorganization for clients, the community, staff and management.

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