



Aligning and Enhancing Our Public Health Programs and Services:

Structural Considerations Identified by the Organizational
Structure and Location Committee

November 2015

Acknowledgements

The considerations that have been identified in this document are a result of an intensive data collection and staff consultation process between September and November of 2015.

The Organizational Structure and Location Committee drove the organizational structure process forward with an ambitious timeline and large data collection and analysis obligations. They were able quickly establish themselves as a committee, understand what deliverables were required, set to work in gathering the necessary information and throughout the process act as liaisons between the committee, the Senior Leadership Team and their colleagues throughout the health unit. Each committee member was able to provide a unique skill set which greatly assisted in allowing these recommendations to be brought forward to the Board of Health.

The Non-union Leadership Team has also been critical in allowing our organization to get to this point. Significant time and effort was necessary from this group in preparing operational process maps, participating in the organizational network analysis survey, making time available during team meetings and vigorously participating in discussions throughout the last five months.

Involvement from staff across the organization has been essential to ensure all perspectives were understood and that staff felt engaged throughout the process of identifying potential changes to our organizational structure. We continue to engage in dialogue about the proposed changes.

The Senior Leadership Team provided an open and inclusive environment for staff, Non-union Leadership and the Organizational Structure and Location Committee to explore a number of different concepts and ideas that could enhance our long-term organizational performance. From the beginning, each of these concepts and ideas were thoughtfully considered by the Senior Leadership Team and integrated into our future organizational structure or strong rationale was provided for why the concepts or ideas were not viable.

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About the Organizational Structure and Location Project

The Committee

The Organizational Structure and Location (OSL) Committee was formed in June 2015 with the mandate of overseeing a comprehensive situational assessment of the Middlesex-London Health Unit's (MLHU) organizational structure and physical location. This situational assessment was intended to inform decision-making and to assist in the development of considerations for MLHU's Senior Leadership Team regarding ideal organizational structure and physical location.

The committee is a multi-disciplinary group that represents a cross-section of MLHU service areas, teams and staff. Committee members are tasked with representing the interests of their colleagues and communicating relevant information to staff members.

Context of the Organizational Structure and Location Project

The Middlesex-London Health Unit is the largest autonomous health unit in Canada. During its history, the organization has undergone significant restructuring in response to strategic opportunities, budgetary pressures and organizational needs. Significant restructuring of the health unit most recently occurred in 2000 and again in 2010.

Since 2010, the structure has remained stable but opportunities have presented themselves to investigate a new structure. The goal of this restructuring being to increase impact in the community, enhance our strategic alignment and collaboration across divisions and programs. Reorganization is one method of accomplishing these goals - our next steps will also look to include the implementation of complimentary process and to bring our teams together in one physical location.

Public health has continued to grow in complexity and it is important for MLHU to respond to increased demands for operational effectiveness, efficiency and responsiveness to the community.

Analysis of health unit operations has been conducted over the past several years and includes: PwC shared services recommendations, Tillman Ruth Robinson Space Needs Assessment, employee engagement surveys and extensive staff consultations. This information was used to inform the decision to move forward and look at potential changes to our organizational structure.

The Organizational Structure and Location Committee was tasked with providing a situational assessment of the current organizational structure, decision-making processes, key drivers of performance at MLHU and public health at large, legislative and regulatory requirements, promising practices from Ontario public health units and internal consultation data. This report summarizes the situational assessment, decision-making processes and considerations used to inform the Senior Leadership Team's recommendations to the Board of Health.

This project was initiated in June 2015 with deliverables (a decision to maintain current organizational structure or recommendations to the Board of Health) expected to be approved the Senior Leadership Team and presented to the Board of Health in December 2015.

Scope of the Project

The Organizational Structure and Location project intends to look at optimal alignment between teams, programs and program components.

Program and service review is beyond the scope of this project and there was no intention of this committee to determine what services we should and should not be providing. It is understood that the current compliment of MLHU programs and services has been established through separate decision-making and prioritization processes.

Following the identification and approval of a recommended organizational structure by the Board of Health, the OSL committee is also tasked with exploring future location options and advising the Senior Leadership Team on potential considerations and options.

Principles Guiding the Organizational Structure and Location Project

The guiding principles of both the organizational structure component and the location component of the OSL project are:

- ***Ensure that the focus is on the community and the people who need our services;***
- ***Ensure that we have a thorough understanding of our organizational structure and needs;***
- ***Ensure that change is consistent with the strategic directions of our organization;***
- ***Make good use of available data and information to ensure that decisions are evidence-informed;***
- ***Staff engagement and involvement in the decision-making processes;***
- ***Communicate effectively with all stakeholders;***
- ***Commitment to the project is essential from the planning phase, through recommendations, into implementation, and ongoing follow-up; and***
- ***Change is a long-term process necessary to drive improvement.***

Data Sources & Methods

The Organizational Structure and Location Committee committed from the outset to a mixed qualitative and quantitative data analysis method called triangulation. This would be used to inform organizational structure decisions. Triangulation is the term used to broadly describe the use of multiple data sources to cross-validate key themes, findings and concepts. The blending and integration of a variety of data sources and methods is seen to lead to more valid results.

The data sources used for triangulation by the Organizational Structure and location committee included:

- Employee Engagement Survey;
- Management and Team Meeting Consultations;
- Environmental Scan of Ontario Public Health Units;
- Literature Review;
- Key Informant Interviews;
- Operational Process Mapping;
- Organizational Network Analysis;
- Submissions to the Organizational Structure and Location Committee; and
- Staff Consultations.

Employee Engagement Survey

The employee engagement survey is a tool that is distributed annually to help improve our internal practices at MLHU. An "engaged employee" enjoys and is enthusiastic about their work, feels that their work is meaningful and appreciated and takes action to further the organization's reputation and goals. There is a strong correlation with organizational commitment, productivity and workplace involvement with the scores on employee engagement surveys.

The 2015 Employee Engagement Survey was distributed in June 2015 to all staff at the Middlesex-London Health Unit and asks about : benefits; career advancement; co-workers; employee health and well-being; intrinsic motivation; the person they report to; organizational reputation; pay; HR practices; physical work environment; recognition and collaboration between service areas.

Additional modules in this year's survey included readiness for change questions which asked specifically about potential changes to our organizational structure.

The readiness for change data and standard information collected with the survey was useful in determining whether or not to proceed with a restructuring and has helped to inform communications planning throughout the project.

Management and Team Meeting Consultations

Initial staff consultations took place in September and October of 2015. The purpose of these sessions was to help staff understand the purpose of the organizational structure and location project, the timeline of activities to be carried out during the Fall of 2015 and set expectations of managers and staff.

The sessions also provided an opportunity to gather baseline data on our current organizational structure from both management and staff perspectives.

A total of 23 consultations were held, consisting of five management sessions and 18 team sessions. Management staff from each service area met separately for discussion so as to not stifle feedback at team meetings.

All meetings were facilitated and minutes were recorded. Members of the Organizational Structure and Location Committee assisted with facilitation by capturing staff comments on flip chart paper. The flip chart notes along with the meeting minutes captured by the recorders were cross-referenced to ensure validity.

All meeting notes were collated by the discussion questions:

- 1) What is working well with how we are currently structured?
- 2) What are the challenges that you face in how we are currently structured?
- 3) What areas are there for improvement in our organizational structure and what is the rationale behind those suggested changes?

Meeting notes were analyzed using Nvivo, a qualitative analysis computer software package. Over 950 unique data points were coded and themed for each of the three questions and used to produce a codebook for reference by the OSL Committee.

Environmental Scan

It was important that the OSL committee understood the organizational structures that exist throughout the Province at other public health units. In order to facilitate this understanding, members of the committee distributed an email to Ontario public health units asking if they would share their organizational charts, if they had recently undergone a restructuring in the past 5 years and how many office locations that they provided services from.

Responses were obtained from 22 out of 35 health units and organizational charts were gathered through internet searches for 29 out of 35 health units.

The OSL committee prioritized the five most relevant organizational structures (based on population size, governance structures, urban/rural mix, etc.) to explore through a ranked voting process. These structures were then systematically examined by comparing them with our current organizational structure and the themes identified as a part of the management and team meetings.

Literature Review

The goal of the OSL committee is to determine the most optimal structure for delivering public health programs and services. In order to accomplish this, a review of the literature was carried out.

The literature reviewed included published articles which best met the search criteria as performed by the Public Health Librarians at MLHU.

Medline database search #1 included the key words: *Public Health/ or Public Administration, public health or health department or health unit; models, organization/ or workplace/, design or redesign or re-design or structure or structuring or realign*. 129 relevant articles were identified.

Health Business Elite database search #2 included the key words: *Public Health or Public Health Administration or Public Administration or Civil Service or Government Agencies or Municipal Services or Non-profit Sector; organizational structure or redesign or restructuring or infrastructure or realign*. 256 relevant articles were identified.

Following an abstract review, 15 articles were selected to be reviewed in detail by the OSL committee.

Common themes were found in the research articles reviewed. These common themes included: the importance of internal collaboration, strong epidemiological networking and utilization of management for integrating and coordinating services. All were found to be of importance for public health structuring.

Key Informant Interviews

Key informant interviews are qualitative, in-depth interviews with people who know what is happening in a particular domain of interest.

During the literature review the Organizational Structure and Location Committee identified local researchers Anita Kothari and Sandra Reagan from Western University who studied how organizations responded to the Ontario Public Health Standards over a five year period following their introduction in 2008. They had previously collected primary data through structured interviews and focus groups with front line, management and senior leaders at six different health units (rural, urban and remote).

Feedback was provided from the researchers on a number of different questions including:

- 1) How planning and evaluation is structured within health units?
- 2) How is health equity structured within health units?
- 3) How is health care provider outreach structured within health units?
- 4) What organizational practices make for the most effective health unit?
- 5) Span of Control – what are the different organizational levels that would optimize programs?

These findings were submitted by the researchers as a brief report to inform our organizational structure process.

Operational Process Mapping

Operational process mapping provided a standardized way of capturing the programs, program components, and activities at MLHU. This tool also allowed us to understand where internal collaboration is currently taking place, the program target populations, intended outcomes, types of staff involved and the number of FTEs.

These process maps were developed based on business literature, existing program budget templates, logic model templates and terminology used in the Ontario Public Health Standards.

Operational process maps were prepopulated by members of the Organizational Structure and Location Committee using the program budget templates and distributed to all managers to complete in consultation with their teams.

The level of detail that was collected with this tool provided the OSL committee with the ability to identify where programs and services had opportunities to enhance collaboration and to find where similar work processes existed.

Organizational Network Analysis

Organizational network analysis is a method of conceptualizing the internal connections of an organization that are not apparent when looking at formal reporting and prescribed work processes. Work in any large organization occurs in a fluid manner across functional and organizational boundaries. These informal networks of connectivity are vital for performance, learning, and innovation. It is important to understand these invisible webs so that they can be considered with any potential change to organizational structure.

The OSL committee distributed the network analysis tool to managers for completion in consultation with their teams. Each team was asked to respond to questions about their relationships to other MLHU teams in the following domains:

- 1) How often do you share or receive information?
- 2) How often do you work together on program delivery?
- 3) How often do you support, or are you supported?

Responses from across the health unit allowed us to produce network analysis plots that visualized the strength of relationships between various teams across these three domains. Additional organizational network analysis plots were produced to further explore themes identified using the other data sources.

Submissions to the Organizational Structure and Location Committee

Several potential organizational changes were identified early in the Organizational Structure and Location project based on feedback gathered through previous activities or ongoing work from several internal groups. These individuals and groups included the:

- Foundational Standards Committee (formerly Foundational Standard Community of Practice);
- Health Equity Strategic Plan Advisory Group; and
- Chief Nursing Officer.

Each was asked to provide a submission of structural considerations that would enhance their work and alignment within MLHU and the supporting data and rationale for such considerations. These submissions were used by the Organizational Structure and Location Committee as well as the Senior Leadership Team to inform decision-making alongside the additional data sources.

Staff Consultations

Additional cross-functional staff consultations were held starting on November 10th with the Non-union Leadership Team (NLT) and three staff sessions that were held on November 11th, November 12th and November 18th.

During these sessions, staff were presented with draft organizational structures that had been developed by the Organizational Structure and Location Committee and Senior Leadership Team using the data that had been collected. Staff were asked to provide feedback on the proposed structural considerations and the corresponding changes to MLHU's organizational charts.

Data was collated from each of the sessions using interactive clickers where participants were asked to respond to each structural consideration with the following question: Do you see some value in this organizational change? A facilitated discussion was then held based on the results of the poll. Questions and comments from this discussion were recorded for integration into future decision-making.

151 staff signed up to attend the sessions and there were over 126 unique responses using the interactive clickers. Additional opportunity for comment was also provided to staff using handouts distributed throughout the room. These handouts asked staff:

- 1) Was there anything you did not see that you expected to see?
- 2) What aspects of these changes are you most excited about?
- 3) What aspects of these changes are you most concerned about?
- 4) What is the one thing that SLT needs to consider as they start building implementation plans?
- 5) What do you see as the key to successfully implementing these changes?

These responses, along with the data collected from the interactive clickers and facilitated discussions were collated and themed for use by the Senior Leadership Team and Organizational Structure and Location Committee.

Additional Feedback

There were many additional opportunities for staff to provide their feedback throughout this process. Members of the Organizational Structure and Location Committee acted as liaisons with staff and gathered feedback through informal conversations, an online anonymous “suggestion box” was also created and at any time and emails could be forwarded to members of the Senior Leadership Team or the committee.

Data gathered through these means was recorded whenever possible and integrated into the data sets of either the management and team meetings or the staff consultation analysis depending on when the information was received.

Decision-making Process

The Organizational Structure and Location (OSL) Committee used the data gathered throughout September, October and November of 2015 to incorporate into intensive full-day planning sessions with the Senior Leadership Team.

The first full-day planning session with the OSL committee took place on October 16th where all available data sources were reviewed and themes to form the considerations for SLT were identified. At this meeting, OSL members were able to see the full picture of the data collected and begin to form initial ideas of the directions that the MLHU could pursue for a potential restructuring.

The second full-day planning session with OSL took place on October 26th. At this meeting, the themes were refined and triangulated with the data sources. By the end of this day, the key themes for consideration had been agreed upon and specific options for structural changes were discussed.

Using the themes identified for structural considerations and the options that had been identified at the previous OSL meeting on October 26th, the committee continued to develop specific options to be presented to the Senior Leadership Team. Several different options for each of the structural considerations were identified with a specific “preferred” option identified for each.

OSL presented their “preferred” options for structural considerations and accompanying organizational charts to the Senior Leadership Team on November 3rd during a joint OSL – SLT planning session. At this session, OSL members represented the “preferred” findings and were available for additional feedback and questions from the Senior Leadership Team.

The Senior Leadership Team continued the conversation regarding the identified themes, structural considerations and “preferred” options throughout the rest of November 3rd and applied a range of criteria to which options moved forward and which did not. Based on these deliberations, the Senior Leadership also offered some modifications to the proposed organizational structures. The results of which were made available for further consultation with members of NLT and participants in the staff consultation sessions from November 11th to November 18th.

Feedback collected from the staff consultation sessions was synthesized for Senior Leadership Team review on November 24th. Revised recommendations and the staff consultation feedback were then brought to the Organizational Structure and Location Committee for validation on November 25th.

The considerations outlined in this document represent the synthesis of a range of options that have been developed throughout the past several months. These proposed structural changes are intended to suitably represent the feedback received throughout the organizational structure situational assessment and to meet the unique needs of the Middlesex-London Health Unit.

Findings and Considerations

The considerations presented below represent a high-level overview of the organizational structure at the Middlesex-London Health Unit. Much of the details that were highlighted in the operational process mapping (programs, program components) are not identified in these considerations and will be assessed during implementation of the high level structure.

In these considerations, the term “Divisions” is used to refer to what were previously called Service Areas. This term, as well as the draft Division titles are subject to revision during the course of implementation. The finding and considerations are highlighted in the following manner:

- 1. Foundational Standards**
- 2. Health Equity**
- 3. Chief Nursing Officer and Nursing Practice Lead Roles**
- 4. Health Care Provider Outreach**
- 5. Formation of a Healthy Living Division**
- 6. Formation of a Preconception Early Years Division**
- 7. Formation of an Environmental Health and Infectious Diseases Division**
- 8. Formation of a Corporate Services Division**

1. Foundational Standards

Staff engaged in Foundational Standards work are currently spread across the Services Areas of the Middlesex-London Health Unit where there are a number of different direct reports. This has presented significant challenges when looking at the prioritization of agency-wide initiatives.

This consideration encourages the formation of a Foundational Standards Team that would centralize Epidemiologists, Program Evaluators, Data Analysts, Librarians, and the Resource Lending System from their currently decentralized structure.

It is important to note that advantages of the current decentralized structure would be leveraged through the use of a hybrid model. In this model, Foundational Standards staff would report centrally to the Associate Medical Officer of Health and a Manager of Program Planning, Evaluation and Surveillance but be physically located with the teams that they provide support to.

This Team would be a part of a newly established Foundational Standards Divisions that would be directed by the Associate Medical Officer of Health.

Supporting Data

- Management and Team Meetings
- Environmental Scan
- Literature Review
- Key Informant Interview
- Operational Process Mapping
- Organizational Network Analysis
- Submissions to the OSL Committee
- Staff Consultations

Potential Benefits of Proceeding with this Consideration:

- ✓ Alignment with the 2015 – 2020 Middlesex-London Health Unit Strategic Plan
- ✓ Would help to ensure consistency, efficiency and rigour in program planning, evaluation and surveillance.
- ✓ Improved coordination and prioritization of program planning, evaluation and surveillance work.
- ✓ Enhanced surge capacity when urgent priorities emerge.

Potential Challenges of Proceeding with this Consideration:

- ✗ Requires leadership at the Director level – no Director in our current structure has this portfolio.
- ✗ Requires the allocation or reallocation of resources for a Manager of Program Planning, Evaluation and Surveillance.
- ✗ Centralization could stifle the current culture of quick access and collaboration at the program level with Foundation Standards staff.

2. Health Equity

Health equity work at the Middlesex-London Health Unit is currently carried out by the Health Equity Strategy Advisory Group which has continued to meet following the completion of the 2012 – 2014 strategic plan and staff on a variety of teams who have health equity roles. This arrangement makes it difficult to drive organizational change regarding health equity and to prioritize agency-wide health equity work.

This consideration encourages the formation of a Health Equity Team that would provide centralized support for the Middlesex-London Health Unit. This group would consist of Social Determinants of Health Public Health Nurses, the Health Equity Integration Lead and potentially other social determinants of health staff.

This team would report to the Chief Nursing Officer and Division Director role but would not be aligned with a Division.

Supporting Data

- Management and Team Meetings
- Environmental Scan
- Key Informant Interview
- Operational Process Mapping
- Submissions to the OSL Committee
- Staff Consultations

Benefits of Proceeding with this Consideration:

- ✓ Alignment with the 2015 – 2020 Middlesex-London Health Unit Strategic Plan.
- ✓ Facilitates the prioritization of agency-wide health equity initiatives.
- ✓ Enhanced connectedness and collaboration between the health equity roles.
- ✓ Allows for enhanced collaboration with other agency-wide teams (i.e. Foundational Standards, Human Resources)

Potential Challenges of Proceeding with this Consideration:

- ✗ Dedicated health equity staff will no longer be embedded within teams to provide their expertise.
- ✗ Concerns that the Director & Chief Nursing Officer role will be too busy to provide enough direction and support to the Health Equity group.

3. Chief Nursing Officer and Nursing Practice Lead Roles

The Chief Nursing Officer and Nursing Practice Lead roles have shifted over the past year to accommodate other Senior Leadership Team changes. Previously, the Chief Nursing Officer was also the Director of Family Health Service and there was a separate Nursing Practice Lead called the Community Health Nursing Specialist. Due to the retirement of the Director in April 2015, these roles were combined and held by one individual. There is a necessity to look at the long-term needs of the organization and how these roles could be best structured and situated.

This consideration encourages the Chief Nursing Officer and Nursing Practice Lead being separate roles in the health unit as it was previous to April 2015. The Nursing Practice Lead would be centrally located and assessable to all nursing staff at MLHU regardless of the Division they work in.

This consideration acknowledges that the Ministry requires the Chief Nursing Officer to be a part of the senior management team and report directly to the Medical Officer of Health. This is the most common model across Ontario public health units.

Supporting Data

- Management and Team Meetings
- Environmental Scan
- Operational Process Mapping
- Submissions to the OSL Committee
- Staff Consultations

Potential Benefits of Proceeding with this Consideration:

- ✓ Greater capacity to address nursing practice issues.
- ✓ Multiple levels of problem solving for nursing leadership and professional practice issues.
- ✓ Divisional Director with Chief Nursing Officer Responsibilities ensures a well-established relationship with the Medical Officer of Health and the Senior Leadership Team.

Potential Challenges of Proceeding with this Consideration:

- ✗ Capacity to address the Chief Nursing Officer role can be limited when combined with the Director role.
- ✗ Joint role of Chief Nursing Officer and Director can be challenging when balancing organizational needs with the interests of nursing.
- ✗ Difficult to get the full picture of nursing practice and leadership when the Chief Nursing Officer and Nursing Practice Lead roles are separated.

4. Health Care Provider Outreach

Health care provider outreach is currently situated in the Reproductive Health Team of Family Health Services but looks at structures that need to be in place for an integrated healthcare provider outreach strategy at the agency level. There are challenges with the nature of this work being agency-wide and collaborating with programs across the health unit while being within the reproductive health team.

This consideration encourages the alignment of Health Care Provider Outreach role within the Communications Team in the Office of the Medical Officer of Health.

Supporting Data

- Management and Team Meetings
- Environmental Scan
- Operational Process Mapping
- Staff Consultations

Potential Benefits of Proceeding with this Consideration:

- ✓ Increased coordination and collaboration of health care provider outreach across the agency.
- ✓ Would allow for the development of a health care provider outreach management system that facilitates better communications and coordinates office visits to avoid duplication and inefficiencies.
- ✓ Enhanced interaction and collaboration with the Communications Team.
- ✓ Strong connection to the Medical Officer of Health allows for enhanced relationships between health care providers and the health unit.

Potential Challenges of Proceeding with this Consideration:

- ✗ Some of the roles relating to health care provider outreach would still exist at the team level and this would continue to be a challenge.
- ✗ This would require a reallocation of resources from the Reproductive Health Team.
- ✗ Extensive communication would still need to take place across Divisions and Teams.

5. Formation of a Healthy Living Division

Our current organizational structure with Healthy Communities & Injury Prevention, Chronic Disease Prevention & Tobacco Control and the Southwest Tobacco Control Area Network situated in the Environmental Health & Chronic Disease Prevention Service Area, Oral Health situated in Oral Health, Communicable Disease and Sexual Health Service Area and the Child and Young Adults Team located in Family Health Service Area creates significant coordination and collaboration challenges.

There is considerable similarity in the type of strategies, interventions, settings and work performed by these teams that would be enhanced were they aligned together.

This consideration encourages the formation of a “Healthy Living” Division at the Middlesex-London Health Unit that aligns the Healthy Communities & Injury Prevention, Chronic Disease Prevention & Tobacco Control, Oral Health, Child Health and Young Adults Teams.

This Division would focus on the delivery of services and coordination of programs and services in the ages, stages and settings starting with childcare centres, continuing through school ages and across the lifespan.

Supporting Data

- Management and Team Meetings
- Environmental Scan
- Operational Process Mapping
- Staff Consultations

Potential Benefits of Proceeding with this Consideration:

- ✓ This has the opportunity to greatly enhance collaboration between the teams that would be realigned together.
- ✓ Division planning would be enhanced due to the similarity of work between the teams in this new Division.
- ✓ Similarity of strategies, interventions and work will allow for increased skill building and knowledge exchange.

Potential Challenges of Proceeding with this Consideration:

- ✗ Strong connections would need to exist between this Division and the other proposed Divisions specifically, the links between Sexual Health, Vaccine Preventable Disease and Best Beginnings.

6. Formation of a Preconception & Early Years

Our current organizational structure has the Child Health and Young Adults Teams aligned with the Best Beginnings, Reproductive Health, Early Years, Screening, Assessment and Intervention, Nurse Family Partnership and Nurse Practitioner Clinic in Family Health.

Facilitated by the realignment of the Child Health and Young Adult Teams, this consideration encourages the formation of a “Preconception & Early Years” Division consisting of the Best Beginnings, Reproductive Health, Early Years and Screening, Assessment and Intervention Teams as well as the Nurse Family Partnership and the Nurse Practitioner Clinic.

This Division would focus on health promotion, the delivery of services and coordination of programs and services in the ages, stages and settings associated with preconceptions and early years.

Supporting Data

- Management and Team Meetings
- Environmental Scan
- Operational Process Mapping
- Submissions to the OSL Committee
- Staff Consultations

Potential Benefits of Proceeding with this Consideration:

- ✓ Similar target populations and settings where these program and services are delivered could enhance collaboration and effectiveness.
- ✓ Increasing the alignment between these teams would allow for decreased duplication of messaging and service delivery.

Potential Challenges of Proceeding with this Consideration:

- ✘ A need still exists to integrate health topic content expertise from other Divisions at the Health Unit (i.e. Reproductive Health working with Healthy Communities & Injury Prevention).

7. Formation of an Environmental Health and Infectious Diseases Division

Throughout the data gathering process of the Organizational Structure and Location Committee project, the similarities between the Environmental Health Teams and the Infectious Disease Control Teams were highlighted for potential realignment. Currently, these two teams are located in separate Service Areas despite the omnipresent need to work together and collaborate. Additionally, the Infectious Disease Team has strong linkages with both Sexual Health and Vaccine Preventable Disease.

This consideration encourages the formation of the “Environmental Health and Infectious Diseases” Division which aligns our focus on health protection.

This Division would include: Food Safety, Health Hazards and Vector Borne Disease, Rabies and Safe Water, Emergency Preparedness, Infectious Disease Control, Sexual Health, Vaccine Preventable Disease and the Travel Clinic.

Supporting Data

- Management and Team Meetings
- Environmental Scan
- Operational Process Mapping
- Submissions to the OSL Committee
- Staff Consultations

Potential Benefits of Proceeding with this Consideration:

- ✓ Many of the program components being performed by the Infectious Disease Control Team have significant overlap with the work being done in Environmental Health.
- ✓ There is the potential to improve, align and enhance many similar work processes.
- ✓ Increased surge capacity with Public Health Inspectors and Public Health Nurses being in the same Division and collaborating on similar work.

Potential Challenges of Proceeding with this Consideration:

- ✘ The Emergency Management would report to a Director instead of the Medical Officer of Health as it was previously structured. Emergency management literature suggests the linkage between emergency management and the incident commander (Medical Officer of Health) must be very strong.
- ✘ This Division will require ongoing support and expertise from the Associate Medical Officer of Health.

8. Formation of a Corporate Services Division

The Human Resources and Corporate Strategy Service Area and Finance, Operations and Information Technology Service Area must work together seamlessly to provide the necessary support to our front-line services at the Middlesex-London Health Unit. These two teams are physically located with each other but conduct separate planning and prioritization processes that can be barriers to effective collaboration.

This consideration encourages the formation of a “Corporate Services” Division which would align Finance, Procurement and Operations, Information Technology, Human Resources, Privacy & Occupational Health and Safety and Strategic Projects.

This consideration is facilitated by the realignment of the Library and Data Analysts to the Foundational Standards group and the Staff Immunization Program being realigned to Vaccine Preventable Disease.

This Division would integrate the administrative and support services provided to all Divisions and teams at the health unit.

Supporting Data

- Management and Team Meetings
- Environmental Scan
- Operational Process Mapping
- Submissions to the OSL Committee
- Staff Consultations

Potential Benefits of Proceeding with this Consideration:

- ✓ This would provide opportunities for collaborative Divisional planning.
- ✓ Enhancement of agency-wide project priority setting.
- ✓ The vaccine preventable disease team has significant expertise in the planning and execution of immunization clinics.

Potential Challenges of Proceeding with this Consideration:

- ✗ This would be a large Division with a very diverse portfolio compared to its previous arrangement.

9. Other Considerations

Throughout the Organizational Structure and Location Process, other considerations (some process rather than structural) were identified that will be important to recognize now and in the future. These were prioritized by the Senior Leadership Team and include:

- Providing staff with opportunities for rotation and skill development;
- Enhancing our internal communication and collaboration frameworks;
- Investing in our management, staff recognition and performance management;
- Designating leads for specific projects, topics, or setting in the community (much like we have previously done with the Baby-Friendly Initiative);
- Review of intake lines and related processes.
- Review of Program Assistant structure and roles.

These additional considerations are items that the Senior Leadership Team will look to address in the coming years.

Next Steps

Recommendations to the Board of Health

The findings contained within this report have been used to inform the organizational structure recommendations that will go to the Board of Health on December 10, 2015.

The Board of Health is responsible for approving the high-level structure of the Middlesex-London Health Unit. This high-level is defined as our Divisions and corresponding reporting relationships with the Medical Officer of Health. This recommended structure for approval will be submitted as a Policy 2-010 and associated appendices.

Detailed organizational structure and the reporting relationships that exist between Directors, Managers and Front-line Staff are administratively approved by the Senior Leadership Team.

Implementation Planning

There are challenges associated with any change in organizational structure. These potential risks include: organizational culture, human resources implications, program and service disruption, changes to administrative policies and procedures, financial implications and other legislative and regulatory compliance obligations.

Initial implementation planning has commenced and will continue following approval of the organizational structure recommendations for the Board of Health. Implementation planning will map out critical organizational implications of a structural change and include the items noted previously as potential risks as well other considerations that are identified.

Location Analysis

The recommended organizational structure has significant implications for our potential future location. Once the Board of Health has approved the organizational structure, the OSL Committee will begin more intensive location analysis to determine the physical needs of our organizational structure.

This location analysis will integrate data that has been previously collected through space needs assessments and require the collection of additional data to fully inform decision making.