



TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2018 March 15

HBHC VARIANCE AND MEETING CLIENT NEEDS

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 018-18 re “HBHC Variance and Meeting Client Needs” for information; and*
- 2) *Approve the use of anticipated variance to meet client needs within the HBHC program.*

Key Points

- A final CaNE education cohort in being offered in April 2018, presenting a unique opportunity to better position MLHU to meet anticipated demand for the Nurse-Family Partnership program.
- Healthy Babies Healthy Children continues to face PHN capacity challenges, and temporary part-time support would enable the team to more effectively meet HBHC program requirements
- Anticipated variance within the Best Beginnings budget for 2018 is \$114,028.

Background

The Best Beginnings Team screens all families at the time of pregnancy and again at birth to identify those who are at risk for having a child with less-than-optimal growth and development. For families at risk, home visiting services are offered to pregnant women and families with young children through the Healthy Babies Healthy Children (HBHC) program, and the more intensive Nurse-Family Partnership (NFP) program. HBHC is a mandated Ministry of Children and Youth Services program which remained in effect within the new Ontario Public Health Standards, and the NFP program is being implemented through the Canadian Nurse-Family Partnership Education (CaNE) project (see Board of Health [Report No. 019-17](#)). Due to capacity issues, the HBHC program initiated a wait list on April 19, 2017 in consultation with the Ministry of Children and Youth Services (see Board of Health [Report No. 028-17](#)).

CaNE Update

Evaluation of the CaNE project is progressing well with our third-party evaluator. The Nurse-Family Partnership Team is providing intensive home visiting support to 49 clients, as well as facilitating Smart Start for Babies Teen sessions. A Community Advisory Board has recently been formed, with commitment from many key community partners, and the NFP program was formally launched in December 2017. A significant step was taken when the international licensing body granted approval for MLHU to maintain its NFP license and to continue offering the NFP program beyond CaNE’s December 2018 end date.

It is anticipated that NFP PHN’s will be at their maximum caseload capacity (80 clients) by mid-2018. Based on an assessment completed prior to implementing NFP, it is estimated that there are approximately 200 young women each year in London and Middlesex County who are eligible for the NFP program. As awareness of the program continues to spread and referral sources become more firmly established, MLHU’s capacity to provide NFP services to all eligible, consenting young mothers will be stretched.

Through the CaNE project, intensive education (on-line and in-person) will be offered for a second and final cohort of nurses in April 2018. This presents MLHU with a unique opportunity to increase its complement of NFP PHN’s.

HBHC Program Challenges

Up until a few years ago, the Best Beginnings Team relied on casual PHN's to help meet program needs, using some of its annual anticipated variance. Since moving organizationally to a temporary contract staffing model, the team has not used casual PHN's. In mid-2016, two changes were made to try to address capacity challenges: 1) the In-Depth Assessment Contact (IDAC), which had previously been completed by telephone after mothers were discharged from hospital, was completed in the hospital once discharge times were confirmed; and 2) prenatal clients who screened 'with risk', whom had previously been contacted by telephone by an HBHC PHN, were mailed a package of information with encouragement to call MLHU if any concerns arose. While these changes did address some of the team's capacity concerns, neither reflect best practices in the delivery of the program.

Since the initiation of the wait list in HBHC (see Board of Health Report 028-17), the team had a wait list for two weeks in April 2017, and from July 28 to October 30 2017, with 211 postpartum clients (average 1.5-week wait), 74 prenatal clients and 40 early ID clients (average 3-week wait, with up to 9 weeks). A wait list was reinitiated in February 2018, with 20 postpartum clients (average 1 week wait), 14 prenatal clients and eight early ID clients (average 2 week wait). There is a PHN currently on paid medical leave. Over the last year, the team has taken a number of steps to increase efficiencies.

HBHC 2018 Anticipated Variance and Proposed Plan

From 2015 and 2017, variance in Best Beginnings salaries and benefits ranged from \$119,900 to \$140,000. The total estimated variance in salaries and benefits for 2018 is a minimum of \$114,028 (see [Appendix A](#)).

In order to take advantage of the NFP education being held in April, to position MLHU to better meet the anticipated demand for NFP, and to address the ongoing capacity challenges with the broader HBHC program, the following plan is being proposed:

- Post for a temporary contract full-time PHN in Best Beginnings, to focus on Nurse-Family Partnership work, from April to December 2018.
 - For salary and benefits, this would require between \$51,854.40 and \$63,093.80 of the existing Best Beginnings Team budget, depending on the successful candidate for the position.
- Secure temporary contract part-time PHN support within the regular stream of the HBHC program, from April to December 2018.
 - For salary and in lieu of benefits, this would require between \$25,927.20 and \$31,546.50 of the existing Best Beginnings Team budget, depending on the successful candidate for the position.
- Submit a PBMA enhancement proposal for the Best Beginnings Team for consideration in the 2019 budget planning process.

Conclusion

With approval of use of anticipated 2018 variance to hire temporary staff, the Best Beginnings Team has an opportunity to increase its capacity to offer the Nurse-Family Partnership program, and to more effectively meet HBHC program requirements in London and Middlesex County.

This report was prepared by the Best Beginnings Team, Healthy Start Division.



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