



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
 Family Health Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	May 21, 2015
SUBJECT/REPORT NO:	Public Health Nurse Secondment - Hamilton Family Health Team - BOH13002(a) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Dorothy Barr (905) 546-2424, Ext. 4888
SUBMITTED BY:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department
SIGNATURE:	

RECOMMENDATION

That the Board of Health authorize and direct the Medical Officer of Health to decrease the complement in the Healthy Babies Healthy Children Program by 0.5 full time equivalent fully funded Public Health Nurse, effective May 18, 2015.

EXECUTIVE SUMMARY

The Hamilton Family Health Team (HFHT) and Public Health Services (PHS) have worked together formally since 2009, when the secondment of a 0.5 full time equivalent (FTE) Public Health Nurse (PHN) was put in place. A second 0.5 FTE secondment was initiated in May 2013, but suspended in May 2014 at the request of HFHT when the incumbent PHN began maternity leave. The HFHT has now provided notice of termination of the secondment effective May 2015. The initial 0.5 FTE PHN secondment will continue.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS (for recommendation(s) only)

Financial: All secondment costs have been covered by HFHT. There is no financial impact associated with the discontinuation of the secondment.

Staffing: PHN complement will decrease by 0.5 FTE. If approved, the 0.6 PHN secondment with Children's Aid Society (CAS) (BOH13028(a)) will offset the decrease. Otherwise, efforts will be made to reduce complement through attrition. It is not anticipated that a layoff will be required.

Legal: The secondment agreement allows termination of the agreement by either party with 60 days' written notice. Such notice was provided by HFHT (Appendix A).

HISTORICAL BACKGROUND (Chronology of events)

HFHT and PHS have worked together formally since 2009, when the secondment of a 0.5 FTE PHN was put in place. Based on the success of that secondment, another 0.5 FTE secondment was requested by HFHT. In February 2013, the Board of Health approved the execution of a second 0.5 FTE PHN secondment agreement with HFHT, and a corresponding increase in complement. The secondment agreement was established and a PHN began working in this role in May 2013.

The seconded PHN began maternity leave in May 2014, and given the considerable orientation requirements of this specialized role, HFHT requested that the secondment be suspended until the PHN returned from maternity leave in May 2015.

HFHT has now requested that this secondment be discontinued, citing reduced need and competing priorities (Appendix A).

Both HFHT and PHS support the continuation of the initial 0.5 FTE PHN secondment.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

This report is submitted in alignment with the Budgeted Complement Control Policy.

RELEVANT CONSULTATION

Terry McCarthy, Executive Director of HFHT and Laurel Cooke, Nursing Program Manager of HFHT, reviewed the report.

Helen Klumpp, Manager of Finance and Administration, reviewed the overall financial content.

ANALYSIS AND RATIONAL FOR RECOMMENDATION

(Include Performance Measurement/Benchmarking Data if applicable)

The focus of the initial 0.5 FTE PHN secondment has been to provide HFHT with:

- Increased capacity to identify and manage children at risk of not achieving their full potential, while promoting healthy development of all children served
- Support in preventing mental health problems for children and youth, through early detection and access to evidence-informed treatment
- Increased awareness of community resources
- Improved access to PHS information and consultation

The focus of the second PHN secondment was providing support to both individual HFHT practices, and also the HFHT Child Health Initiative, which involved creating resources, providing training for HFHT staff and facilitating community partnerships. During the suspension of the secondment, HFHT continued work on this initiative using internal resources.

HFHT has now exercised its right to terminate the second secondment agreement, stating “the work within the HFHT child health portfolio will continue to move forward but no longer requires a 1.0 FTE as major projects involving start-up support to over 150 primary care nurses have been achieved and ongoing projects and new priorities can be tailored to be supported within 0.5 FTE PHN role.” Also, HFHT has stated that they “must recognize our current commitment to provide comprehensive primary care to an additional 25,000 patients in Hamilton and must direct discretionary funds to support that initiative”. (Appendix A)

The initial 0.5 FTE PHN secondment will continue. The PHN’s workplan will be reviewed and revised to reflect the termination of the second secondment.

PHS highly values its partnership with HFHT, and will remain open to other secondment arrangements with HFHT in the future.

ALTERNATIVES FOR CONSIDERATION

(Include Financial, Staffing, Legal and Policy Implications and Pros and Cons for each alternative)

No alternatives have been identified

ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN

Strategic Priority #3 – Leadership and Governance

We work together to ensure we are a government that is respectful towards each other and that the community has confidence and trust in.

Strategic Objective

3.1 Engage in a range of inter-governmental relations (IGR) work that will advance partnerships and projects that benefit the City of Hamilton.

APPENDICES AND SCHEDULES ATTACHED

Appendix A to Report BOH13002(a) – HFHT correspondence.