

CITY OF HAMILTON

**PUBLIC HEALTH SERVICES
Family Health Division**

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: February 4, 2013	
SUBJECT/REPORT NO: Public Health Nurse Secondment - Hamilton Family Health Team (BOH13002) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Sue Sherwood (905) 546-2424, Ext.3803
SIGNATURE:	

RECOMMENDATION

- (a) That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize and report on new funding for the Healthy Babies Healthy Children Program from the Hamilton Family Health Team, and execute a secondment agreement between the City and the Hamilton Family Health Team satisfactory in form to the City Solicitor;
- (b) That the Board of Health authorize and direct the Medical Officer of Health to increase complement in the Healthy Babies Healthy Children program by 0.5 full time equivalent Public Health Nurse.

EXECUTIVE SUMMARY

The Hamilton Family Health Team (HFHT) and Public Health Services (PHS) began formally working together in 2009 when a pilot project Public Health Nurse (PHN) secondment was created related to the Enhanced 18 Month Well Baby Visit. Given the

success of the project, the 0.5 full time equivalent (FTE) PHN secondment has continued.

The HFHT has approached PHS, offering to fund an additional 0.5 FTE PHN secondment. This secondment would allow support to both individual HFHT practices and the HFHT Child Health Initiative which focuses on resource creation, training for HFHT staff and facilitating community partnerships.

With the remaining 0.5 FTE, the full-time HFHT seconded PHN would continue to support PHS Family Health Division staff, particularly the Healthy Babies Healthy Children (HBHC) Program, with increased knowledge regarding the HFHT programs/services, focus areas and key messages, as well as facilitating connection with HFHT staff.

Alternatives for Consideration – See Page 4

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: The HFHT would pay for all additional costs related to the new 0.5 FTE PHN secondment, including salaries/benefits and operating costs, as well as continuing to pay for costs associated with the current 0.5 FTE secondment.

Staffing: The secondment would allow an increase in PHN complement by 0.5 FTE, with the HFHT then funding 1.0 FTE in total. A full-time PHN would work half-time in the secondment, and half-time in the HBHC program. The work experience and training received in the HBHC Program would ensure that the PHN remains up to date regarding child health issues and community programs. When the secondment ends, the PHN complement would be decreased through attrition.

Legal: Legal Services would be engaged in the development of the agreement with the HFHT, in order to effect the secondment as outlined in this report. This may involve updating the existing secondment agreement.

HISTORICAL BACKGROUND (Chronology of events)

In 2008, the HFHT approached PHS to discuss ways that they could work more closely with PHS to meet the needs of families. As a result of this discussion, a one year part-time PHN secondment pilot project was approved by the Board of Health (BOH09018).

Given the success of the initial project, the part-time PHN secondment has continued and has been expanded to include support for all well baby care (pre-natal to six year visit) and all practices within the HFHT (67 Family Health Team sites with approximately 150 family physicians).

This secondment has continued to support a positive partnership between the HFHT and PHS, providing the HFHT with:

- Increased capacity to identify and manage children at risk while promoting healthy development of all children,
- Preventing mental health problems for children and youth through early detection and providing access to timely effective evidence-based treatment,
- Awareness of and referrals to appropriate community resources, and
- Improved access to PHS information and consultation.

Given the large scope of this secondment it has become clear that additional PHN resources are necessary to best meet the needs of the HFHT.

POLICY IMPLICATIONS

No policy implications

RELEVANT CONSULTATION

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

Terry McCarthy, HFHT Executive Director, and Laurel Cooke, HFHT Nursing Program Manager, reviewed the report to ensure accuracy of the information regarding the secondment.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

The HFHT serves part of the Local Health Integration Network 4, and is the largest FHT in Ontario, currently serving approximately 280,000 patients in the City of Hamilton (HFHT, 2012). HFHT Family Physicians are, in many cases, the primary point of contact for health issues within the community and are in a strategic position to refer patients to PHS programs and community services.

In addition to enhancing communication between PHS programs and primary care, the secondment would support the HFHT Child Health Initiative, which involves implementation of routine screening for all infants and children, promoting positive parenting, improving patient/family involvement as it relates to child care, increasing community collaboration and fostering health promotion with patients and families.

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

The Board of Health could direct the Medical Officer of Health to decline the additional 0.5 FTE PHN secondment from the HFHT.

Financial implications: This alternative would forego funding for 0.5 FTE PHN.

Staffing implications: PHN complement would not be increased.

Legal implications: No secondment agreement would be required.

Pro: The work associated with developing and maintaining a secondment agreement, and supervising an additional PHN, would be avoided

Con: An opportunity to better promote positive outcomes for children would be lost.

Given these considerations, this alternative is not recommended.

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

Intergovernmental Relationships

- ◆ Maintain effective relationships with other public agencies

Social Development

- ◆ Residents in need have access to adequate support services

Healthy Community

- ◆ Adequate access to food, water, shelter and income, safety, work, recreation and support for all (Human Services)

APPENDICES / SCHEDULES

No appendices