

# Health Unit

## Media Release

November 1, 2011



### **Local Health Unit unveils new organizational structure**

This week the Medical Officer of Health/CEO of the Leeds, Grenville and Lanark District Health Unit announced a new service delivery model and organizational structure that will be adopted over the next several months. The Board of Health approved the proposed changes at an in-camera session at the October 20th board meeting. Since then, management and staff have attended information sessions to discuss the impact of the announcement and plan for the next steps.

The Unit went through a comprehensive program and service review over the last few years as requested by the Board of Health. With the release of the Ontario Public Health Standards, the Board asked for a review of the organizational structure to ensure it was best positioned to provide effective and efficient services in the region.

“This Health Unit has a commitment to quality and the Board wanted to take a leadership role in achieving that goal” says Jack Butt, chair of the Board of Health for the tri-county Health Unit. “I look forward to working with the staff to implement the new service delivery model.”

Using money from the reserves, the Board and MOH/CEO contracted a consulting group to hold interviews, focus groups and surveys with management, staff, partners and other health units. A group of 30 staff gathered to form a Think Tank to explore the ideas brought forward from the consultants.

The changes are based on having:

- fewer directors and more managers for better staff support and reduce the potential for silos within the health unit;
- staff functioning in community teams with expanded service delivery sites for better access to services and enhanced communication and collaboration among health unit programs;
- tailored programs to meet community needs with a continued focus on the client.

Many of these aspects were already present and will be enhanced by the new structure. Management changes resulted in a smaller management team with some positions becoming redundant and the addition of other middle management positions. No staff positions were lost.

Over the next few months, a transition working group will explore how the changes will be implemented. There will be service delivery points within each community or groupings of communities providing accessible services for a specific geographic region. Some of the service delivery points would be in Health Unit offices and others could be in homes, schools,

workplaces, municipal offices and other community organizations. The number and location of offices where staff have work space will build on the current offices and be distributed in areas according to geography, population, need and resources.

“Partners and clients can look forward to the same effective programs and services and the same strong working relationships with staff,” assures the Health Unit’s Medical Officer of Health and CEO, Dr. Paula Stewart. “These changes will enhance our ability to implement our new strategic plan to be completed in early 2012.”

The Unit is expecting a smooth transition into the new structure with no effect on services for the next few months. The staff working in your communities are interested in your thoughts about ways to improve how services are provided in your community. This information will help us shape the changes to our services.

For more information about the changes in structure and service delivery of the Health Unit, visit the website at [www.healthunit.org](http://www.healthunit.org) or contact the Health ACTION Line at 1-800-660-5853.

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