

Invitation for an Expression of Interest

Resource Allocation in the Leeds, Grenville and Lanark District Health Unit

Part 1: Background

1.1 Organization Description

- The Leeds, Grenville and Lanark District Health Unit (LGLDHU) is a local public health organization, covering a 6,329 square km area in Eastern Ontario, with a population density of 25.7 people per km. The southern part of our area borders the St. Lawrence River between Kingston and Cornwall, extending north into the Ottawa Valley. The population of Leeds, Grenville and Lanark is 170,205 people, the majority of whom live in a rural environment (58%).
- The total budget for the LGLDHU is approximately 12 million dollars, received primarily through general public health funding cost-shared by the province and local municipalities on a 75:25 ratio. We also receive some 100 percent provincial funding, which adds to the base public health budget and FTE complement. As we are a service delivery organization, approximately 85% of the LGLDHU's budget is for staffing requirements.
- There are a total of 142.14 FTEs, filled by approximately 154 staff working in a wide range of public health professionals, including public health nurses, registered practical nurses, public health inspectors, dental hygienists, dental assistants, dietitians, speech-language pathologists, family home visitors, epidemiologist, evaluation specialist, and a variety of support staff, including management and support staff.
- Staff is distributed throughout 4 offices in the tri-county; the main office located in Brockville and satellite offices located in Smiths Falls, Kemptville and Gananoque.
- The organization is structured into 6 departments and has a relatively flat organizational structure, with 1 CEO, 6 directors and 3 manager positions.
- The LGLDHU is governed by a Board of Health, consisting of 7 municipal representatives and 6 provincial representatives.

1.2 Organization Mandate, Mission, Vision, and Values

- Strategic direction and provincial priorities are established by the provincial government for all local public health organizations in Ontario, whose legislative mandate comes from the Health Protection and Promotion Act.
- The guiding purpose of the HPPA is to "provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario."
- The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under his/her authority in Section 7 of the HPPA and specify the

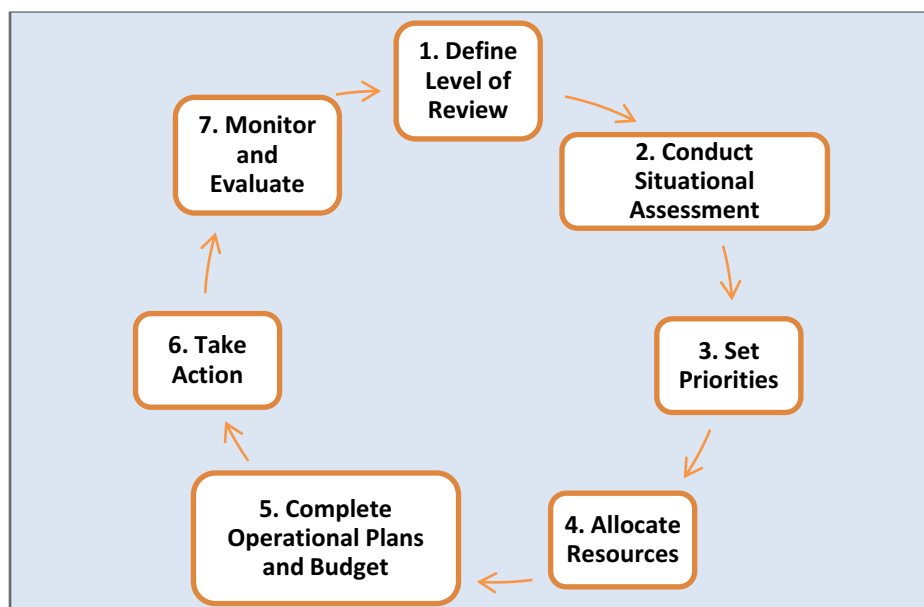
minimum mandatory programs and services with which all Boards of Health must comply.

- Local public health organizations must deliver this core set of services according to the OPHS, but are also required to tailor local service delivery based on the four foundational principles contained in the OPHS, namely: need, impact, capacity and partnerships/collaboration.
- The LGLDHU has developed an agency strategic plan, entitled '*Moving Upstream*' and has adopted the following mission statement: "we work with the community to enhance, promote, and protect health". Our organizational values are: integrity, respect, caring, accountability, fairness and excellence. We have adopted a continuous quality improvement philosophy and principles to guide us in our pursuit of excellence.

1.3 Project Context: Organization Program Review

- The Ontario Public Health Standards (OPHS) were released in October 2008, and were an update of the former Mandatory Public Health Programs and Services Guidelines.
- The Health Unit was unable to achieve full compliance to the former Mandatory Health Programs and Services with available levels of financial and human resources. The OPHS were released by the province with additional program requirements and protocols, but without any corresponding increase in provincial funding.
- The new OPHS requires the modification, to varying degrees, of existing local programs and services and in certain cases, the development of new programs and services.
- Therefore, the LGLDHU has initiated the program review process: a sound decision making and priority-setting method, based on multiple sources of evidence and proper documentation, in order to ensure that program and resource allocation decisions made have a strong and documented rationale and resources are allocated in the most effective and efficient manner.
- The ultimate goal of the program review process is the effective and efficient delivery of programs and services to meet requirements in the new OPHS. The **objectives** are:
 1. To meet the Board of Health's requirements for a comprehensive programs and services review.
 2. To systematically assess OPHS requirements based on need, impact, capacity and partnerships/ collaboration.
 3. To set priorities for delivery of OPHS requirements based on need and impact.
 4. To determine the levels and types of human and other resources required for OPHS implementation.
 5. To allocate current human and financial resources to OPHS requirements.
- The program review is an evidence-based planning and prioritization process which consists of the following 7 steps (see Figure 1 on page 3).

Figure 1: Steps in the LGLDHU Program Review



1.4 Purpose and Scope of Project

- We have currently completed up to the third step (set priorities) of our program review process. We are looking for a consultant to develop a **resource allocation methodology** for the fourth step of the program review process. This step involves the allocation of our current human and financial resources to the ranked list of OPHS priorities established in step 3, as well as additional OPHS requirements that were not included in the prioritization process.
- The successful consultant will be working with an internal resource allocation committee which consists of the organization's CEO/Medical Officer of Health, Directors and Managers. The resource allocation methods developed by the consultant will be implemented by the committee in the early fall and must be feasible for completion by October 2010.
- The Health Unit will require ownership over the resource allocation methods developed for use in future program review processes, but details are open to negotiation.

Part 2: Guidelines for Submission of Expressions of Interest

2.1 Deliverables:

- The key deliverable is a **resource allocation methodology** that would include:
 1. Background, rationale, and principles
 2. Process that outlines the key steps that must be taken to translate the inputs (data/information) into the output (allocation of current staffing resources to OPHS requirements). See attached process map in Appendix 1.

3. Set of questions that will be asked throughout the steps in the process which take into account key factors/variables required for resource allocation. Examples of such variables might include:
 - a. efficiency of the intervention (ratio of inputs to outputs),
 - b. feasibility of intervention
 - c. level of collaboration required
 - d. capacity of partners
 - e. reduction of duplication
 4. Plan for the resource allocation committee to implement the methods, including involvement of committee members and time requirements
 5. Recommendations regarding documentation of the process and the use of electronic tools.
- The methodology should be documented in a written report; the use of process maps for the steps would be desirable.

2.2 Requirements and Qualifications:

- Expressions of interest are invited from consultants with experience in management, prioritization and resource allocation (including the allocation of various types of human resources to program/service priorities)
- Experience in the public/health sector is preferred
- This contract can possibly be done from a distance, if necessary.
- Consultants must be available to work in tight timelines, over the summer months.
- References will be required for consultants chosen to participate in the RFP process

2.3 Expected Timelines:

- The following steps and deadlines are envisioned:
 - Expressions of interest due, using the Guidelines in section 2.3: **May 18th**
 - Review of expressions of interest and invitations to submit RFP: **May 19-21st**
 - Request for proposals due, using RFP Guidelines: **June 11th**
 - Presentation of RFPs: **June 15th and June 16th** (Note: those consultants who are asked to submit a full RFP will be asked to present their proposal on either of these dates. In-person presentations are preferable, but remote presentations can be arranged.)
 - Decision-making and selection of successful applicant: **June 18th**
 - Attend meeting with health unit resource allocation committee to discuss expectations and ask questions: **June 23 or 24th** (in-person or remote)
 - Weekly discussions with contact person to monitor progress and answer questions: **throughout July**
 - Final project/process due: **August 3rd**

2.4 Guidelines for Submission of Expressions of Interest:

- Length: no more than 3 pages.
- Format: electronically as a Word document or PDF format. Health Unit will maintain the confidentiality of the material submitted. Facsimile or digital letters will be accepted, in Word or PDF format.
- All materials and copies must be received by Health Unit 4:30 pm, May 18th.
- The following headings and topics are presented as a general guideline for the preparation of the expression of interest:
 - Name, address and affiliation of the principal applicant.
 - Description/rationale for interest in the project:
 - Previous experience in management consulting, prioritization, and resource allocation
 - Description of involvement in similar projects
 - Work plan, demonstrating how the project could be completed by August 3rd.
 - Resources (including human resources) to be dedicated to the project.
 - Total budget proposed for the project, including time and expenses.

2.5 Contact Information:

Please direct questions and submit letters of interest to:

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