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Hon. Eric Hoskins
Minister of Health and Long-Term Care
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

October 12 2017

Dear Minister Hoskins,

Re: Council of Ontario Medical Officers of Health (COMOH) Response to the Provincial Consultations on the Report of the Minister's Expert Panel on Public Health (Expert Panel)

On behalf of the medical leadership of Ontario's local public health system, I am pleased to share COMOH's response to the provincial consultations on the Expert Panel Report, which is the product of our careful collective review and extensive discussion of its content and recommendations. We commend you for establishing the Expert Panel and commend the Panel members for their work to achieve their mandate.

As you are aware, COMOH is comprised of medical officers of health and associates in whose hands Ontarians place their trust to protect and promote health every day. This is a responsibility we take seriously and to which we have dedicated our professional lives. It is our privilege, with our respective staffs and boards of health, to lead and work within what is recognized by peers as the best public health system in the country. COMOH's 69 members, over half of whom have a decade of experience or more working in local public health in Ontario, are committed to providing you with our best advice on how to continue to improve Ontario's public health system to meet the health promotion and protection needs of Ontarians now and in the future.

COMOH welcomes the review of the public health system that you have embarked upon and we embrace the vigorous debate and reflection that your Patients First initiatives have stimulated. We have been very supportive and highly engaged in a number of Patients First health transformation-related initiatives to date, including the modernization of the Ontario Public Health Standards, the Public Health/LHIN Work Stream, our ongoing work with LHINs and sub-LHINs, and the Accountability Framework review. These initiatives actually meet much of the mandate of the Expert Panel in that they enhance the public health system's capacity, accountability, quality and transparency, including our capacity to contribute to a transformed health system focussing on patient and population health.

Based on our many years of collective experience, COMOH is of the opinion that implementing the Expert Panel recommendations would result in unprecedented change to Ontario's public health system. It is therefore critical to ensure that disruption of such a scale has a reasonable chance of achieving its aims and is worth the anticipated system disruption and potential unintended adverse consequences. To use a medical analogy, we are not convinced that the Expert Panel focused on the correct diagnosis or that the recommended treatment is better than the disease. There will certainly be significant side effects.

While overall we are supportive of health system transformation that envisions a stronger partnership with public health, we cannot support changes that could negatively impact the ability of the public health system to protect and promote the health of Ontarians. As the Expert Panel recommendations are considered for potential implementation, we believe that the following four principles are essential tenets to help mitigate potential risks to the effectiveness of Ontario's public health system.

1. **Public health governance must remain local, ensuring accountability to municipalities, the province, and the local population as a whole.**

    - Health happens locally. A unique feature and key strength of Ontario's public health system is its ties to the municipal sector (e.g. legislation, governance, funding, and infrastructure) where it has longstanding relationships and a direct influence on opportunities for health where people live, work and play. This is an often-cited strength and the envy of local Canadian public health practitioners in other jurisdictions.
    - Consideration must be given to the complexity and diversity of Ontario such that governance approaches ensure accountability to both municipal and provincial governments but remain flexible (versus one-size) to adapt to local circumstances and the population as a whole.
    - Public health must continue to be aligned with municipal boundaries including regional and those in the upper tier.
    - Strong local representation on boards of health must be maintained at the level of the proposed local public health service delivery area versus centralized at the regional level.
    - The province should leverage its current provincial appointment powers to ensure identified skill and competency gaps are filled.

2. **Public health functions must be protected within transformed health systems.**

    - System transformation that privileges health care sector linkages must not come at the expense of public health action on non-health system levers for health.
    - Public health core functions must be protected and enhanced to meet growing needs.
    - Most opportunities for health and health equity are not related to a lack of or inequity in access to health care services, but to the impact of inequalities in other sectors such as education, housing, income or occupation; the public health capacity to work with this complex array of factors must be protected and enhanced.

3. **Decisions must be rational and transparent.**

    - System reform must be based on a clear articulation of the rationale, careful analysis of the evidence and an assessment of options and their related risks and mitigation strategies.
    - There must be transparency and engaged dialogue with stakeholders, including COMOH, about the research and experiential evidence used to inform decision making, and about the critical factors for successful implementation.
    - COMOH recognizes that public health system capacity and equity are ongoing challenges and we have supported more precision-oriented reforms that address specific circumstances (e.g. amalgamations of boards as recommended by the Capacity Review Committee, creation of regional hubs of specialised expertise, shared administrative supports, etc.).

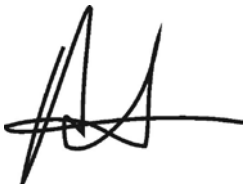
4. The authority of the medical officer of health position must align with the responsibilities of the position.

- The best-practice model of single leadership as opposed to joint leadership must be implemented (i.e. combined MOH/CEO), with flexibility for joint leadership only under limited prescribed circumstances, ensuring there is alignment of responsibility with authority and accountability.
- The MOH position must report directly to the board of health and continue to be protected by legislation.

COMOH is committed to contributing to a public health system that meets the health promotion and protection needs of Ontarians now and in the future. We are very supportive of system transformation that enhances our capacity and our linkages with the health system, but this cannot occur at the expense of our ability to meet the public health needs of Ontarians.

We appreciate the opportunity to continue to have input into the thinking that is being done by you and your officials regarding difficult choices for the way forward. We are eager to engage in further discussion on these important points as well as the more detailed feedback on specific sections of the Expert Panel Report that we have assembled in the attached document.

Sincerely,



Dr. Penny Sutcliffe
Chair, Council of Ontario Medical Officers of Health

Encl.

COPY: Dr. Bob Bell, Deputy Minister, Health and Long-Term Care
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care, Population and Public Health Branch
Sharon Lee Smith, Associate Deputy Minister, Health and Long-Term Care, Policy and Transformation
Dr. David Williams, Chief Medical Officer of Health
Dr. Peter Donnelly, President and CEO, Public Health Ontario
Pat Vanini, Executive Director, AMO
Ulli S. Watkiss, City Clerk, City of Toronto
Giuliana Carbone, Deputy City Manager, City of Toronto
Chairs, Ontario Boards of Health

ATTACHMENT to COMOH Expert Panel Response letter October 12, 2017

Council of Ontario Medical Officers of Health (COMOH) Response to the Provincial Consultations on the Report of the Minister's Expert Panel on Public Health (Expert Panel)

The following comments are aligned with the sections of the Expert Panel Report. They support the following four critical themes for government's consideration:

1. Public health governance must remain local, ensuring community and provincial accountability.
2. Public health functions must not be consumed by transforming health systems.
3. Decisions must be rational and transparent.
4. The authority of the medical officer of health position must align with the responsibilities of the position.

OVERALL:

We agree that capacity and equity in public health units need to be improved and we are on record in support of system changes to promote these ends. We also agree that public health expertise can and should be leveraged where appropriate to assist in broader health system planning in an integrated health system. As presented however, we have major concerns that an overemphasis on health system integration has led to a recommendation that would amount to a major systemic disruption, without a clear rationale or explanation of how these changes would actually improve public health capacity or support public health in achieving its goal of health promotion and protection for Ontarians.

With the understanding that the Ministry has not made any decisions on implementation, we hope that the following comments and our above four critical messages will be carefully considered. They are presented under headings that mirror the sections of the Expert Panel Report.

I - EXPERT PANEL MANDATE

The mandate of the Expert Panel was to recommend an optimal structure and governance for public health in Ontario to serve the goals of improved accountability, transparency, quality, capacity and equity within the sector as well as support integration with the broader health system in order to bring the population health perspective to health system planning.

The stated principles guiding the panel's work included:

- ensuring the preservation of the core functions and strong and independent voice of public health;
- the maintenance of relationships with non-health sector partners, and
- the reflection of local needs and priorities in the organization and distribution of public health resources.

COMOH is supportive of the stated principles. However, we would caution that they do not present a clear articulation of the problem that the proposed recommendations are intended to address. We in fact see very little connection between the public health-focused elements of the mandate and stated principles and the report's recommendations.

Public health's closest partnerships that drive the effectiveness of our work are with municipalities, school boards, community service organizations and workplaces and not with LHINs, hospitals, doctors'

offices or clinics. In our view, the recommended changes threaten these relationships and degrade our ability to improve health at the community level with our health protection and promotion approaches.

II THE OPPORTUNITY

Section II of the Expert Panel Report ("The Opportunity") further reinforces this concern.

While it correctly outlines the divergent approaches of public health and health care (upstream community-wide interventions vs. diagnosis and treatment), it repeats at the outset the notion that their operation as distinct systems is a problem. We have always argued that this distinction is in fact one of the great strengths of the Ontario system. Separate public health capacity and resources are ring-fenced from being co-opted by the demands of the acute care sector. Instead, public health units are able to bring these to bear in protecting, promoting, and optimizing the health of communities, which actually has the indirect effect of reducing demand within the acute care sector by preventing and forestalling illness.

This section goes on to focus almost exclusively on public health's role in bringing its population health approach into the health care system, suggesting that integration is the only way to achieve this.

The section also states that the strengthened relationship between public health and LHINs will strengthen relationships outside the health system, sharpen the focus on determinants of health and health equity and foster greater recognition of the value of public health without a clear explanation of how it will achieve any of these.

In our view, the description of the opportunity could just as easily be characterized as a threat without a clear enumeration and articulation of the issues that the proposed solution is intended to address, a clear rationale for the proposed solution as the preferred option (and why other options were not presented), and far more detail about how it is expected to strengthen the capacity and partnerships required for public health to carry out its core mandate.

We agree that targeted changes may be required to address long-standing capacity issues within the public health sector. We also agree that the acute care system needs to incorporate population health approaches in planning. Neither of these goals, nor anything in the Expert Panel report, suggest that these would be accomplished by the recommended radical restructuring of the public health sector.

We fear that such a fundamental reorganization will disrupt the public health sector's ability to do its work during the complex transition and would weaken its effectiveness in the long term.

III A STRONG PUBLIC HEALTH SECTOR IN AN INTEGRATED SYSTEM

The Expert Panel provides a sound outline of the strengths and challenges inherent in the current geographical, demographic and capacity disparities of Ontario's 36 public health units, and describes desired outcomes and criteria for a new organizational structure for public health that would maintain its strength and independence, increase influence on health system planning, enhance local presence and municipal relationships, achieve critical mass and surge capacity etc. The structure would have fewer health units with a consistent governance model and better connections to the health system.

Overall, we are pleased that public health remains a separate and distinct organizational entity. However, the proposed structure and boundaries appear to be more strongly aimed at aligning PHUs with the LHINs.

1. THE OPTIMAL ORGANIZATIONAL STRUCTURE FOR PUBLIC HEALTH

Our major concern here is the magnitude of the proposed changes to the public health system in the absence of a clear enumeration / definition of the problem(s) it is intended to solve, an analysis of unintended consequences or a detailed presentation of evidence that the presented option is likely to achieve the stated outcomes.

We certainly agree that amalgamating some health units may be the answer to capacity issues in some areas of the province, but even on a small scale, this is an incredibly complex, disruptive and expensive undertaking (considerations include opportunity costs, wage harmonization, collective agreements, allocation of human resources, etc.). The EP proposal is on such a grand scale that the complexity, disruption and expense will be significantly magnified, and this must be carefully measured against the likely benefits, both to PHU-LHIN partnerships and health protection and promotion at the local level. Further, issues of capacity are not the same across the province and implementing the recommended change everywhere would be expected to actually reduce the capacity of some health units.

We also agree that centralization of certain administrative and specialized public health functions at the regional level may also be an answer to capacity issues, but this could be achieved in many alternative fashions. For example, a "regional hub" system could be established without organizational amalgamations or changes to the governance structure. Other solutions include shared service agreements between health units and the maintaining the existing administrative functions that PHUs that are / are part of large municipalities or regional governments already enjoy.

We worry that the proposed structure will in fact result in a weakening of the municipal voice in public health in that there will be far fewer municipal representatives distributed across far fewer boards of health that are expected to be about the same size as they are now. This means that many municipalities (including rural and remote areas) will not have a direct voice at all, funding and governance accountability will be diluted and the foundation of local governance, autonomy and responsiveness upon which public health is built will be weakened.

2. OPTIMAL GEOGRAPHIC BOUNDARIES

The introductory statement for the "optimal geographic boundaries" section says that "Ontario's existing 36 public health units are organized based mainly on municipal boundaries. The current configuration of health unit areas makes it difficult to operate as a unified system with LHINs and other health system partners following LHIN boundaries".

This assumes two things:

1. That it is imperative that PHUs and LHINs / health system partners operate as a unified system
2. That effective linkages between PHUs and LHINs are not possible unless PHUs conform with LHIN boundaries.

These two assumptions are not supported by evidence and no explanation is provided as to why these assumptions formed the basis for discussion.

The assumptions also demonstrate a significant inconsistency, in that while the EP reiterates the importance of the PH / municipal relationship, both the new organizational structure and proposed boundaries will almost certainly weaken it in favour of stronger ties with the LHINs. In addition, little is

said about the importance of essential public health relationships with sectors such as education, social services, community groups and other local stakeholders.

It is worth reiterating that LHIN boundaries were based on referral patterns within hospital catchment areas. This basis has no relationship with the structures and functions of public health.

COMOH would prefer to see these assumptions tested. We are aware of many of instances in which PHUs work closely with LHINs on various initiatives and we support the evaluation of these interactions in addition to the implementation of the recommendations from the PH-LHIN Work Stream prior to any decisions about restructuring of public health.

3. OPTIMAL LEADERSHIP STRUCTURE

COMOH has significant concerns about the EP recommendation to separate the MOH from the CEO roles. The Panel recognizes the best practice model of single leadership as opposed to joint leadership, however, recommends a separation. Our main concern is that the MOH position must have both the responsibility and the authority to carry out the role. There may be circumstances (that should be defined) wherein the board may require a separation in roles and this flexibility should be accommodated where circumstances require it. The MOH must also report directly to the board of health and continue to be protected by legislation.

Without more details about what is being proposed here and why, we cannot support this model nor can we accept a categorical prohibition of the combination of the two roles. It is not at all unreasonable to foresee that this will result in the marginalization of the MOH at the regional level, an even greater marginalization of the MOH at the local level, and an erosion of their authority to carry out their duties.

We see this part of the Expert Panel's proposal as among the most problematic and contradictory and we do not believe that it meets its own criteria (best practices in leadership structures, reinforce and capitalize on strong public health and clinical skills, capture the roles and functions of current leaders, operate efficiently and effectively).

Finally, we see very little to distinguish the proposed "Local Public Health Service Delivery Areas" and our existing public health units. One could see the proposed Regional Public Health Entities as an additional layer of bureaucracy whose authority, planning functions, analysis, decision-making and authority will be removed from the local context and whose higher-level strategic engagement functions (LHINs, Health System, Government etc.) will dilute their effectiveness in meeting population health needs of the local communities that public health must serve.

4. OPTIMAL APPROACH TO GOVERNANCE

COMOH understands and accepts that improvements to the governance structures of public health should be one of the key outcomes of a renewed public health system. We agree with the Expert Panel's assessment of the ongoing challenges faced by local boards (recruitment, continuity, competencies, sole focus on population health improvements, etc.).

The composition of boards of health and the qualifications of their members is something in which we have taken significant interest and we support measures that would ensure boards with stronger governance, autonomy and an exclusive focus on public health.

Our parent organization, the Association of Local Public Health Agencies, will be providing additional comments on best governance practices and the composition and qualifications of boards of health, but we would reiterate that we see potential problems with such a drastic reduction in the number of boards of health as touched upon in the "Optimal Organizational Structure for Public Health" section above (reduction of municipal interest and political clout, decreased community engagement, dilution of ability to affect health outcomes at the local level, undermining of productive relationships with municipal leaders etc.). Further it is understood that where there are specific governance issues, the current Ministerial authority under the HPPA provide the mechanisms to address these.

We are also very concerned about the suggestion that the key positions on the proposed regional boards (Chair, Vice-Chair, Chairs of Finance & Audit Committees) should be limited to Provincial OIC appointments to ensure accountability to the provincial government. Not only does this have the potential to further marginalize the local governance voice, but we also worry about the implications of adding this explicit accountability requirement to the board's intended autonomy.

CONCLUSION:

The Expert Panel report concludes with a section entitled "Implementation Considerations". This was not within the scope of the Panel's recommendations, but in recognizing the magnitude of change inherent in its proposal, it quite rightly saw fit to enumerate the legislative, capacity and resource, and change management considerations.

We would argue that a full analysis of these considerations, along with those that we have outlined above, will be a prerequisite to any decision to implement the Expert Panel's recommendations, in whole or in part.

In closing, we would note that we have been assured on many occasions that no decisions have been made. As we understand this to be the case, we request that government engage in a full, frank and productive dialogue with the medical leadership of Ontario's public health system as the next steps are contemplated. We are committed to providing our best advice to continue to improve the system