Report to
Rapport au:

Ottawa Board of Health
Conseil de santé d'Ottawa
8 February 2016 / 8 février 2016

Submitted on February 1, 2016
Soumis le 1 février 2016

Submitted by
Soumis par:
Dr./ Dr Isra Levy,
Medical Officer of Health / Médecin chef en santé publique

Contact Person
Personne resource :
Gillian Connelly, Program Manager / Gestionnaire de programme
Strategic Support Branch / Direction du soutien stratégique
Ottawa Public Health /Santé publique Ottawa
613-580-2424, ext./poste 21544, Gillian.Connelly@ottawa.ca

Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE

File Number: ACS2016-OPH-SSB-0002

SUBJECT: TOWARDS BETTER OUTCOMES FOR COMMUNITIES AND PATIENTS: PROTECTING AND LEVERAGING PUBLIC HEALTH IN ONTARIO'S PROPOSED HEALTH SYSTEM TRANSFORMATION

OBJET: VERS DE MEILLEURS RÉSULTATS POUR LES COMMUNAUTÉS ET LES PATIENTS : PROTÉGER ET METTRE À CONTRIBUTION LES SERVICES DE SANTÉ PUBLIQUE DANS LE REMANIEMENT PROPOSÉ DU SYSTÈME DE SANTÉ DE L'ONTARIO

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit:

1. **Receive for information the Ministry of Health and Long-Term Care's discussion paper entitled: *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario* (Document 1);**

2. **Approve that the Chair of the Board of Health submit this report to the Minister of Health and Long-Term Care and write a letter to the Minister of Health and Long-Term Care outlining the key considerations for successful health system transformation, as outlined in the report:**

    a) **Leverage the Role of Public Health**

    b) **Maintain Independent Governance and Accountability**

    c) **Protect Public Health Funding**

    d) **Strategically Integrate Population Health Priorities, Assessment, and Surveillance; and**

    e) **Enhance Public Health Capacity**

3. **Approve that the Chair of the Board of Health include in the letter, referenced in Recommendation 2, a recommendation that Boards of Health be afforded ex-officio representation on Local Health Integration Networks (LHIN) Boards in order to effectively influence priority setting;**

4. **Approve that the Chair of the Board of Health, subject to the approval of Recommendations 2 and 3, forward the letter referenced in recommendations 2 and 3 and this report to all Ontario Boards of Health, Ottawa City Council, the Association of Municipalities of Ontario (AMO), Association of Local Public Health Agencies (alPHa), the Champlain LHIN, and local Members of Provincial Parliament, as part of the Ministry's consultations on their proposals included in the *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario* report;**

5. **Recommend that the Chair of the Board of Health, and the Medical Officer of Health consult with the Ottawa City Council representative for AMO, regarding municipal perspectives around the proposed changes in governance and funding; and,**

6. **Direct staff to contribute to the Ministry's consultations, as required.**

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :

1. **Reçoive à titre d'information le document de discussion du ministère de la Santé et des Soins de longue durée intitulé : *Priorité aux patients : Une proposition pour renforcer les soins de santé axés sur les patients en Ontario* (Document 1);**

2. **Approuve que le président du Conseil de santé soumette le présent rapport au ministre de la Santé et des Soins de longue durée et écrive une lettre au ministre de la Santé et des Soins de longue durée exposant les principales considérations pour assurer le succès du remaniement du système de santé, comme il est décrit dans le rapport :**

   a) **Mettre à contribution le rôle de la santé publique;**

   b) **Préserver une gouvernance indépendante et renforcer la responsabilisation;**

   c) **Protéger le financement des services de santé publique;**

   d) **Intégrer de manière stratégique les priorités, l'évaluation et la surveillance en matière de santé de la population;**

   e) **Améliorer la capacité des services de santé publique.**

3. **Approuve que le président du Conseil de santé inclue dans la lettre, mentionnée dans la recommandation 2, une recommandation voulant que les conseils de santé se voient donner une représentation d'office aux conseils des réseaux locaux d'intégration des services de santé (RLISS), afin de pouvoir influencer efficacement l'établissement des priorités.**

4. **Approuve que le président du Conseil de santé, sous réserve de l'approbation des recommandations 2 et 3, fasse parvenir la lettre mentionnée dans les recommandations 2 et 3 ainsi que le présent rapport à tous les conseils de santé de l'Ontario, au Conseil municipal d'Ottawa, à l'Association des municipalités de l'Ontario, à l'Association des agences locales de santé publique (alPHa), au RLISS de Champlain et aux membres locaux du parlement provincial, dans le cadre des consultations du Ministère au sujet des propositions avancées dans le rapport *Priorité aux patients : Une proposition pour renforcer les soins de santé axés sur les patients en Ontario*.**

5. **Recommande que le président du Conseil de santé et le médecin chef en santé publique consultent le représentant du Conseil municipal d'Ottawa auprès de l'AMO, en ce qui concerne les perspectives municipales relatives aux changements proposés en matière de gouvernance et de financement;**

6. **Enjoint le personnel à contribuer aux consultations du ministère, le cas échéant.**

EXECUTIVE SUMMARY

In December 2015, the Ministry of Health and Long-Term Care (MOHLTC) released the discussion paper, “Patients First, a Proposal to Strengthen Patient-Centred Health Care in Ontario.” The proposal focuses on population health and integration at the local level, and seeks to improve access to primary care, standardize and strengthen home and community care, and strengthen population and public health.

Some of the proposals in this paper have substantive potential impacts on the public health sector and the relationships of local Public Health Units with municipalities and the Local Health Integration Networks (LHINs). It proposes expanding the role of the LHIN to include accountability and funding of local Public Health Units.

Ottawa Public Health (OPH) staff welcomes and supports enhanced integration of population and public health planning into local health system decision making. However, there are potential risks, including the diversion of prevention and health promotion resources, the erosion of important local partnerships, and the loss of the municipal share of funding, which must be considered and, ideally, mitigated, as the government moves towards implementation of these proposals.

This report provides an overview of the discussion paper and the key principles that should be considered as health system transformation evolves. The following principles should be considered and addressed in order to ensure that changes lead to an improvement in population health and patient outcomes:

1. Leverage the Role of Public Health:

Public Health Units contribute to the sustainability of the health care sector by working across sectors to focus on broader populations and keeping people healthy.

Local Public Health Units differ from other health agencies and services in Ontario by virtue of their focus on populations, not individuals. Public health’s focus on keeping

people healthy is critical in the overall sustainability of the health care system. Public health uniquely addresses primary prevention of disease and injury through advancing health promotion, health protection, disease and injury prevention, as well as epidemiological monitoring of health events and risks. Public health's strength is its capacity for, and focus on, cross-sectoral planning and programming, which rely heavily on partnerships, such as local government and allied health agencies. In addition, Public Health Units are embedded in municipal or regional entities, and receive core funding from multiple levels of governments, including municipalities.

2. Maintain Independent Governance and Accountability:

Boards of Health would need to be afforded ex-officio representation on LHIN Boards in order to effectively influence priority setting.

Governance roles and accountabilities of different governing entities should be clarified. The ability of Boards of Health to influence priority setting and resource allocation within the health sector should be enhanced by affording ex-officio representation of Boards of Health to LHIN Boards. Due to the inter-sectoral nature of population health, the effectiveness of Local Public Health Units is enhanced by being closely aligned with the municipal sector, and erosion of such alignment should be guarded against.

3. Protect Public Health Funding:

Mechanisms would need to be in place to ensure that both provincial and municipal public health funding is protected.

In order to prevent an inadvertent erosion of the public health sector's effectiveness in influencing population health outcomes, public health funding and resources should be protected from being redirected to acute, primary and long-term care. Funding and resources should be enhanced to address growing needs, and improve population health outcomes, in order to relieve the burden on other health sector services. The municipal contribution of public health funding, and in-kind municipal support, should be protected. In addition, provincial commitment to ongoing implementation of the 2015 provincial public health funding model needs to be fulfilled, in order to address existing inequities between Public Health Units.

4. Strategically Integrate Population Health Priorities, Assessment, and Surveillance:

While population health assessment and surveillance could be more strategically integrated, public health's role in upstream prevention should be explicitly acknowledged and supported.

Public Health Units should be supported to ensure the primary focus of their work remains on prevention and addressing non-health system social determinants of health. Population health assessment and surveillance should strategically inform health system planning and priority setting. New roles in acute care and primary care planning and evaluation, should be supported by enhanced capacity to undertake these roles.

5. Enhance Public Health Capacity:

Deeper participation of public health across the health system will require enhanced resources that should not be diverted to other health sectors from existing mandates or cross-sectoral collaboration efforts.

Public Health Units have different skill sets, capacities and resources. Implications for labour within the public health workforce must be explicitly considered; most notably, the implications of Public Health Units' new role in population health planning at a systems level. Proposed changes should address risks of weakening or diverting public health capacity from existing roles and responsibilities.

RÉSUMÉ

En décembre 2015, le ministère de la Santé et des Soins de longue durée a publié le document de discussion Priorité aux patients : Une proposition pour renforcer les soins de santé axés sur les patients en Ontario. Cette proposition est axée autour de la santé de la population et de l'intégration à l'échelle locale, dans le but d'améliorer l'accès aux soins primaires, de renforcer et d'uniformiser les soins à domicile et en milieu communautaire, et de consolider la santé publique et celle de la population.

Certaines des propositions de ce document pourraient avoirdes répercussions majeures sur le secteur de la santé publique, de même que sur les relations des bureaux de santé publique avec les municipalités et les réseaux locaux d'intégration des services de santé (RLISS). Elles entendent étendre le rôle des RLISS de manière à englober la responsabilisation et le financement des bureaux de santé publique.

Le personnel de Santé publique Ottawa (SPO) voit d'un bon œil une meilleure intégration de la planification de la santé de la population et de la santé publique dans le cadre du processus de décision du système de santé local. Cependant, cette intégration présente des risques potentiels, notamment la réorientation des ressources

allouées à la prévention et à la promotion de la santé, l'érosion de partenariats locaux importants et la perte de la part de financement municipal. Ces risques doivent être considérés et, idéalement, atténués, lors de la mise en place de ces propositions par le gouvernement.

Le présent rapport propose un aperçu du document de discussion et des principes clés qui doivent être pris en compte au fur et à mesure de l'avancement du remaniement du système de santé. Les principes suivants devraient être examinés et abordés pour veiller à ce que les changements entraînent une amélioration de la santé de la population et de l'évolution de l'état de santé des patients.

1. Mettre à contribution le rôle de la santé publique :

Les bureaux de santé publique contribuent à la viabilité du secteur des soins de santé par leur travail intersectoriel portant sur des populations plus larges, dans le but de garder la population en santé.

Les bureaux de santé publique se distinguent des autres agences et services de santé en Ontario en raison du fait que leur action est axée sur les populations, et non sur les personnes. L'orientation des services de santé publique, consistant à garder la population en santé, est cruciale dans la viabilité d'ensemble du système de soins de santé. Les services de santé publique s'intéressent uniquement à la prévention primaire des maladies et blessures au moyen de la promotion et de la protection de la santé, de la prévention des maladies et blessures, de même que d'une surveillance épidémiologique des événements et risques liés à la santé. La force des services de santé publique réside dans leur capacité de planification et d'établissement de programmes intersectoriels, lesquels misent grandement sur les partenariats, notamment avec l'administration municipale et les agences de santé associées, et dans l'attention qu'ils y portent. En outre, les bureaux de santé publique sont intégrés dans les entités municipales et régionales, et reçoivent leur financement de base des divers paliers gouvernementaux et des municipalités.

2. Préserver une gouvernance indépendante et renforcer la responsabilisation :

Les conseils de santé auraient besoin de se voir attribuer une représentation d'office aux conseils des RLISS, afin de pouvoir influencer efficacement l'établissement des priorités.

Les rôles et responsabilités de gouvernance des différentes entités dirigeantes doivent être précisés. La capacité des conseils de santé d'influencer l'établissement des priorités et l'affectation des ressources au sein du secteur de la santé doit être accrue en accordant une représentation d'office aux conseils de santé et aux conseils des RLISS. Compte tenu de la nature intersectorielle de la santé de la population, l'efficacité des bureaux de santé publique locaux est renforcée par son harmonisation avec le secteur municipal, et il faut se prémunir contre l'érosion de cette harmonisation.

3. Protéger le financement des services de santé publique :

Des mécanismes devraient être en place pour veiller à la protection du financement provincial et municipal des services de santé publique.

Afin de prévenir une érosion, par mégarde, de l'efficacité du secteur de la santé publique dans l'influence des résultats en matière de santé de la population, le financement et les ressources des services de santé publique doivent être protégés de manière à ce qu'ils ne soient pas redirigés vers les soins de courte durée, primaires et de longue durée. Le financement et les ressources devraient être accrus pour répondre aux besoins croissants et améliorer les résultats en matière de santé de la population, afin de réduire le fardeau imposé aux services des autres secteurs de la santé. La contribution municipale au financement des services de santé publique, de même que l'appui non financier des municipalités doivent être protégés. En outre, l'engagement provincial à mettre en place le modèle provincial de financement des services de santé publique 2015 doit être concrétisé, afin de répondre aux inégalités existantes entre les bureaux de santé publique.

4. Intégrer de manière stratégique les priorités, l'évaluation et la surveillance en matière de santé de la population:

Alors que l'évaluation et la surveillance de la santé de la population pourraient être intégrées de manière plus stratégique, le rôle en amont des services de santé publique en matière de prévention doit être reconnu et appuyé de manière explicite.

Les bureaux de santé publique doivent être appuyés pour faire en sorte que l'orientation principale de leur travail demeure la prévention et l'étude des déterminants sociaux de la santé non liés au système de santé. L'évaluation et la surveillance de la santé de la population doivent être intégrées de façon stratégique à la planification et à l'établissement des priorités du système de santé. De nouveaux rôles dans la

planification et l'évaluation des soins de courte durée et des soins primaires doivent être soutenus par une capacité accrue à assumer ces rôles.

5. Améliorer la capacité des services de santé publique :

Une participation de plus grande ampleur des services de santé publique au sein du système de santé nécessitera un accroissement des ressources qui ne devront pas être redirigées de mandats actuels ou d'efforts de collaboration intersectorielle vers d'autres secteurs de la santé.

Les bureaux de santé publique disposent de différentes compétences, capacités et ressources. Les répercussions en matière de main-d'œuvre au sein du personnel des services de santé publique doivent être considérées de manière explicite; plus précisément, les répercussions du nouveau rôle des bureaux de santé publique dans la planification de la santé de la population au niveau du système. Les changements proposés devraient tenir compte du risque d'affaiblissement ou de détournement de la capacité des services de santé publique de ses rôles et responsabilités actuels.

BACKGROUND

As part of the Province's transformation and health care reform agenda, the Minister of Health and Long-Term Care (MOHLTC), in February 2015, released the report Patients First: Action Plan for Health Care. This report outlines a vision for faster and more efficient connections to services, more integration of services, and more effective support for the public to make better decisions about their health.

Continuing the provincial government's work to transform Ontario's health care system, the Minister released, in December 2015, a follow-up discussion paper, Patients First, A proposal to Strengthen Patient-Centred Health Care in Ontario. The discussion paper includes proposals to significantly transform Ontario's health system. The four principle proposals include:

1. More effective integration of services and greater equity
2. Timely access to primary care, and seamless links between primary care and other services
3. More consistent and accessible home and community care
4. Stronger links between population and public health and other health services.

An underlying theme of these proposals is to expand the role of the 14 Local Health Integration Networks (LHIN) and create geographical sub-LHINs. Ottawa could,

theoretically, be a sub-LHIN region within the Champlain LHIN. LHINs would become responsible for home and community care, primary care planning and system integration, as well as strengthening population and public health integration at the local level. The transformations would have substantive impacts on the roles and responsibilities of Public Health Units, including the relationship between Boards of Health, Medical Officers of Health, the LHINs, and contractual relationships with the Province of Ontario. More specifically the discussion paper outlines the following recommendations, which would have impacts on Public Health Units:

> The Ministry would create a formal relationship between the Medical Officers of Health and each LHIN, empowering the Medical Officers of Health to work with LHIN leadership to plan population health services (i.e. public health would have an increased role in health service planning and an enhanced opportunity to bring issues of population and health equity to the table).
>
> The Ministry would transfer the dedicated provincial funding for public health units to the LHINs for allocation to public health units. The LHINs would ensure that all transferred funds would be used for public health purposes.
>
> The LHINs would assume responsibility for the accountability agreements with public health units.
>
> Local boards of health would continue to set budgets.
>
> The respective boards of health, as well as land ambulance services, would continue to be managed at the municipal level.
>
> The Ministry would also appoint an Expert Panel to advise on opportunities to deepen the partnership between LHINs and Public Health Units, and how to further improve public health capacity and delivery.

The discussion paper states that the proposal seeks to reduce gaps, including better integration of public health into the rest of the health care system, while strengthening patient-centred care. Currently, in Ottawa, OPH works closely with the Champlain LHIN, primary care physicians, long-term care facilities and many other entities in the health care system. Further work could strengthen integration of public health expertise into the local health care system.

OPH senior management reviewed the proposal, consulted with other health units, and provided input to the evolving work of the Association of Local Public Health Agencies' (alPHa) assessment of the implications of these proposed changes, which are

described in the Discussion section of this report. Other Ontario Public Health Units have released reports and statements related to the discussion paper, including Toronto Public Health's (TPH) "Healthy People First: Opportunities and Risks in Health System Transformation in Ontario." TPH notes that "the experience of other Canadian provinces with formal integration of public health and the larger health system suggests that opportunities for system improvement have often not been realized, and unintended risks to public health have arisen" (1).

Local Public Health Context:

To contextualize the considerations required for any realignment of Public Health Units, it is necessary to understand the types of activities and outputs generated by the public health sector. From a local perspective, through inter-sectoral, population-health based approaches, OPH has achieved a significant range of outcomes to make our community healthier. As examples, these include the following:

- Working with the local municipality and the child care sector to develop Healthy Eating and Active Living guidelines for child care centres.
- Providing information to parents and caregivers through the OPH Parenting in Ottawa website, which includes common issues faced by parents in Ottawa to help them ensure children stay healthy.
- Contributing to healthier public policies that guide the built environment and support chronic disease and injury prevention through influencing the City's Official Plan, Transportation Master Plan, and Community Design Plans.
- Improving infection prevention and control in personal service settings through online, interactive education modules.
- Collaborating with municipal and community agencies that provide services to at-risk populations to alert for extreme heat, cold, and air quality events, and provide direction and assistance in the event of a public health emergency.
- Launching a *Sex It Smart* campaign to reduce rates of Chlamydia and gonorrhea among teens in Ottawa.

The outcomes by Public Health Units need to be recognized, resourced and further enabled in order to continue advancing population health.

DISCUSSION

OPH, as one of 36 local Public Health Units in Ontario, welcomes the Ministry's discussion paper on improving integration and effectiveness in Ontario's health sector, and commends the commitment within the Ontario government's transformation agenda to including public health services in future plans to improve population health and patient outcomes. Public health has a role in supporting integration of the health care system through working with the LHINs. The proposals, if implemented, create opportunities for Public Health Units, as outlined below. Also outlined are potential risks, which must be considered and, ideally, mitigated, as the government moves towards implementation of these proposals.

KEY CONSIDERATIONS

The following principles and considerations are offered for successful health system transformation, which includes integration of current local Public Health Units and functions:

1. Leverage the Role of Public Health:

Local Public Health Units differ from other health agencies in Ontario by virtue of:

- Being responsible for programs and services that, in the main, focus on populations not individuals.
- Being responsible for programs and services that mainly focus on primary prevention of disease and injury, broad concepts of health promotion, conventional health protection, and epidemiological disease surveillance.
- Being accountable for advancing healthy public policy and health equity agendas, including those that cut across such sectors as municipal, workplaces, education, social services, child and youth, older adults and health.
- Being accountable for epidemiological disease surveillance, monitoring, and supporting the health status of groups within a geographically defined jurisdiction.
- Being accountable for conventional health protection including education, inspection and enforcement under authority of the *Health Protection and Promotion Act*.
- Being integrated with local agencies and partners such as municipal, educational and community agencies to ensure local programs and resources are relevant, tailored, appropriate, available and accessible to subpopulations.

- Often being embedded in municipal or regional administrative entities.
- Receiving core funding from multiple levels of government and government agencies, and in the absence of a transparent or consistent funding formula.

Given Public Health Units' unique role both in the health care system and municipal government, future changes should ensure that:

- Public Health Units maintain their primary focus on prevention (i.e. upstream) and on mechanisms inclusive of non health system social determinants of health.
- Public Health Units provide a local leadership role in providing primary prevention and population health expertise.
- Public Health Units' proposed 'new role' – of contributing population health expertise to inform the local health care system – should not impede on or divert from public health's core work outlined above.

2. Maintain Independent Governance and Accountability:

- The ability of Boards of Health to effectively influence priority setting and resource allocation within the health sector should be enhanced by Boards of Health being afforded ex-officio representation with LHIN Boards. Boards of Health should remain independent entities of local public health governance to ensure for a strong, local voice for community wide population health initiatives. Boards of Health should continue to be held accountable for outcomes attributable to their public health activities.
- Governance roles and accountabilities of different governing entities should be clarified.
- Due to the inter-sectoral nature of population health, the effectiveness of Local Public Health Units is enhanced by being closely aligned with the municipal sector, and erosion of such alignment should be guarded against.
- The existing protections for the independence of statutory officers to protect communities from health hazards should be retained.
- There should be local public health representation on the Expert Panel to be established by the Ministry.

3. Protect Public Health Funding:

- Public health resources need to be protected from potential diversion to the rest of the health care system. Funding levels for public health programs should be protected and enhanced to address growing needs, as well as improve population health outcomes, in order to relieve the burden on other health sector services. In addition, the municipal funding envelope, and its unallocated funding levels, should also be protected and/or guaranteed.
- Potential impacts of any transformation on municipal funding allocations to local Public Health Units should be explicitly considered and addressed.
- To address inequities between Public Health Units, provincial commitment to ongoing implementation of the 2015-2016 public health funding model needs to be fulfilled.

4. Strategically Integrate Population Health Priorities, Assessment, and Surveillance:

- Population health assessment and surveillance should be more integrated into broader health system planning and priority setting, including interpretation of public health indicators, and identification of local population health issues.
- Public Health Units should be supported to integrate population health assessment and health system surveillance into non-health sector planning (e.g. housing, planning, social services, education), to ensure that communities are designed and built to reduce injuries and promote physical and mental health.
- Broader use and application of public health data across the health care system will require enhanced system-level data collection, and enhanced resources for Public Health Units. Opportunities to integrate health equity data into health systems planning should also be considered.

5. Enhance Public Health Capacity:

- Proposed changes should explicitly address the risk of weakening or diverting capacity within local Public Health Units from existing authorities, roles and responsibilities of Boards of Health, Medical/Associate Medical Officers of Health and Public Health Inspectors.
- Public health units' resources are fully committed to meeting their current mandates. Resource implications and needs of integration must be addressed. Implications for labour within the public health workforce must be calibrated to support unique skills including population health assessment, policy development and implementation, risk communication, emergency response, and

enforcement. The opportunity costs of enhanced integration of public health without additional resources must be considered, as this would be an added participation burden. Public health's engagement with the health care system needs to be balanced with its work on addressing the broader social determinants of health.

- Timelines and mechanisms for periodic evaluation of changes and needed adjustment of activities must be developed prior to implementation of changes.
- Integration of public health should be followed by appropriate system accountability measures that reflect population health; this includes indicators for the whole population, rather than solely on patients served and health services accessed.
- Modernization of the Ontario Public Health Standards should enhance standards for upstream disease prevention and promotion, and healthy public policy, as well as increase the requirements for inter-sectoral collaboration that address the determinants of health. The review should also maintain the current balance between flexibility at the local level (i.e. health promotion) and provincially standardized activities (i.e. health protection).
- Public Health Units' strength is their reliance on partnerships, not only within the health system, but even more so in the broader community. Public Health focuses on creating social and physical environments that promote health and prevent harms through healthy public policy, multi-sectoral planning and service integration that cut across sectors, such as municipal, business, education, social services, environment, recreation, child and youth, older adults and health. Influencing the determinants of health requires strong collaboration with multiple sectors. Mechanisms must be developed to ensure that existing working partnerships with other sectors and agencies are protected and enhanced.
- The interests of local Public Health Units for achieving their population health objectives are well served through close alignment with the municipal sector. This "whole of government" approach is especially critical for supporting and enabling cross-sectoral and cross municipal department collaboration to advance healthy public policy (i.e. social services, planning and public works, environmental services, etc.). Public health Units are positioned such that critical relationships with the municipal sector can develop and flourish. Future population health impacts will require collaboration on inter-sectoral policy development and partnership with municipalities having the critical infrastructure

and political mechanisms to promote health and prevent disease in populations at the local level.

In summary, the sustainability of the health care system will be significantly influenced by improving our capacity to keep people healthy. This includes preventing diseases and injuries, and positively affecting the determinants of health. The *Patients First* discussion paper seeks to better integrate public health with health system planning in order to improve overall health and health equity. However, shifting health outcomes and reducing health disparities through affecting the social determinants of health requires partnering with non-health sectors, which is a key function of public health.

The public health sector needs to be further enabled to play this critical role in our overall health care system. Should the *Patients First* discussion paper recommendations be implemented, the integration of population health would need to be assured and enhanced within the health system. Formal relationships between Public Health Units, Boards of Health and the LHINs would need to be established through a system design that leverages the benefits and mitigates the potential risks. Provincial, municipal and unallocated municipal funding levels for public health programs should be protected and enhanced. And finally, public health's collaborative work with the local municipalities must be protected.

Staff recommend that the Chair of the Board of Health submit this report to the Minister of Health and Long-Term Care, and write a letter to the Minister of Health and Long-Term Care outlining the key considerations for successful health system transformation, as outlined in this report. It is recommended that the Chair of the Board of Health include in the letter a recommendation that Boards of Health be afforded ex-officio representation with LHIN Boards in order to effectively assist in priority setting, with copies sent to all Ontario Boards of Health, Ottawa City Council, the Association of Municipalities of Ontario, alPHa, the Champlain LHIN, and local Members of Provincial Parliament, as part of the Ministry's consultations. In addition, staff recommend that the Chair of the Board of Health and the Medical Office of Health consult with the Ottawa City Council representative for the Association of Municipalities of Ontario (AMO), regarding municipal perspectives around the proposed changes in governance and funding These recommendations aim to ensure that public health meaningfully contributes to the consultation process and that the considerations outlined in this report are shared with relevant stakeholders.

Next Steps

OPH staff will continue to monitor and assess developments and to work closely with partners, including the LHIN, alPHa and AMO.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

OPH has consulted with other Public Health Units in Ontario as well as the Association of Local Public Health Units to inform its assessments of the discussion paper impacts.

LEGAL IMPLICATIONS

There are no legal impediments to implementing the recommendations in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

The financial implications are unknown at this time. There are concerns that an increased role for public health within the LHIN will not be accompanied by additional resources.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

TERM OF COUNCIL PRIORITIES

This report addresses the City of Ottawa's Healthy & Caring Communities Term of Council Priority.

SUPPORTING DOCUMENTATION

Document 1: Ministry of Health and Long-Term Care's Discussion Paper: Patients First, A proposal to Strengthen Patient-Centred Health Care in Ontario

DISPOSITION

The Board of Health secretary will prepare a letter to be sent on behalf of the Chair to the Minister of Health and Long-Term Care as detailed in the report recommendations.

Staff will also continue to participate in Ministry consultation process, as required, and finally staff will support the Chair and the Medical Officer of Health in their consultations with the City of Ottawa's AMO representative.

REFERENCE

1. McKeown, D. Healthy People First: Opportunities and Risks in Health System Transformation in Ontario. Toronto: Toronto Public Health: 2015