

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
30 October 2017 / 30 octobre 2017**

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**Submitted by
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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2017-OPH-BOH-0007

**SUBJECT: ONTARIO'S HEALTH SYSTEM TRANSFORMATION: RESPONSE TO
THE MINISTER'S EXPERT PANEL REPORT**

**OBJET: TRANSFORMATION DU SYSTÈME DE SANTÉ ONTARIEN : RÉPONSE
AU RAPPORT DU COMITÉ MINISTÉRIEL D'EXPERTS**

REPORT RECOMMENDATIONS

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

- 1. Approve this report in response to the Minister of Health and Long-Term Care's Expert Panel on Public Health Report entitled "*Public Health within an Integrated Health System*";**
- 2. Approve that the Chair of the Board of Health submit this report to the Minister of Health and Long-Term Care as part of the Ministry's consultation, and write a letter to the Minister outlining the key considerations in the report; and**

3. Approve that the Chair of the Board of Health, subject to the approval of Recommendation 1, forward the letter to all Ontario Boards of Health, Ottawa City Council, the Association of Municipalities of Ontario (AMO), the Association of Local Public Health Agencies (aLPHa), and local Members of Provincial Parliament.

RECOMMANDATIONS DU RAPPORT

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

1. approuve ce rapport en réponse au rapport du Comité d'experts sur la santé publique du ministère de la Santé et des Soins de longue durée, intitulé « *La santé publique au sein d'un système intégré de santé* » ;
2. approuve que son président présente ce rapport au ministre de la Santé et des Soins de longue durée dans le cadre des consultations du Ministère, et écrive une lettre au ministre présentant les grands points du rapport ;
3. approuve que son président, sous réserve de l'approbation de la recommandation 1, transmette cette lettre à tous les conseils de santé de l'Ontario, au Conseil municipal d'Ottawa, à l'association des municipalités de l'Ontario (AMO), à l'Association of Local Public Health Agencies (aLPHa) ainsi qu'aux députés provinciaux de la région.

EXECUTIVE SUMMARY

Since December 2015, the Ministry of Health and Long-Term Care has been undertaking a multi-pronged health system transformation process, the various components of which were outlined in a report to the Ottawa Board of Health in September 2017.

The latest release from the Ministry, the Expert Panel report titled [Public Health within an Integrated Health System](#), proposes significant and far-reaching changes to Ontario's public health landscape.

The purpose of this report is to provide an analysis of the implications of the Expert Panel report in terms of the public health mandate, geographical boundaries and municipal collaboration, local governance and representation, and financial and administrative implications, and to propose a Board of Health submission to the Ministry with respect to same.

RÉSUMÉ

Depuis décembre 2015, le ministère de la Santé et des Soins de longue durée mène un processus de transformation du système de santé à plusieurs volets, dont les divers éléments ont été présentés dans un rapport à l'intention du Conseil de santé d'Ottawa en septembre 2017.

La plus récente publication du Ministère à ce sujet – le rapport du Comité d'experts intitulé « [La santé publique au sein d'un système intégré de santé](#) » – propose des changements importants et profonds à la santé publique en Ontario.

Le présent rapport vise à analyser les conséquences du rapport du Comité d'experts en ce qui concerne le mandat de la santé publique, les limites géographiques et la collaboration municipale, la gouvernance et la représentation à l'échelle locale ainsi que les répercussions financières et administratives, et à proposer une réponse du Conseil de santé au Ministère à ce sujet.

BACKGROUND

At the September 2017 Board of Health meeting, the Board of Health received an overview of the Province's activities and documents released as part of the public health sector transformation. The report, entitled [Ontario's Health System Transformation – Update](#), included an overview of the most recent developments, and highlighted past and current opportunities for public health sector consultation. The key activities and documents to date include the following.

- [Patients First: Action Plan for Health Care](#): the February 2015 Ministry of Health and Long-Term Care (MOHLTC) report that outlines its vision for an integrated health care sector.
- [Patients First, a Proposal to Strengthen Patient-Centred Health Care in Ontario](#): the December 2015 discussion paper that outlines proposals to significantly transform Ontario's health system.
- [Bill 41, Patients First Act, 2016](#): The Bill enacts health care reform, and strengthens integration of public health in health service delivery. It establishes geographic sub-regions for Local Health Integration Networks (LHINs), and requires LHIN engagement with Medical Officers of Health.
- Standards for Public Health Programs and Services: the public health sector will be receiving new modernized public health standards, specifying the minimum requirements for public health programs and services.

- Report Back from the Public Health Work Stream: the discussion paper proposes a framework for formal engagement between the LHINs and public health units to support integration of population health approaches into local health system planning. Options for potential structuring of the relationships between LHINs and all boards of health within their boundaries are also explored.

Further context and background for the above, including Ottawa Public Health (OPH) feedback on consultations, can be found in the [Ontario's Health System Transformation – Update](#) report.

Minister's Expert Panel on Public Health

The recent health system transformation document pertaining to public health has potentially the most far-reaching implications to the Ontario public health landscape. The [Public Health within an Integrated Health System – Report of the Minister's Expert Panel on Public Health](#) was written by an Expert Panel appointed by the Minister of Health and Long-Term Care. The Expert Panel was asked to provide advice on public health governance, organization and structure, and integration of public health perspectives into the work of LHINs. The group was tasked with providing recommendations that would improve capacity and equity in public health across Ontario and support integration within the broader health system. Principles and desired outcomes guiding the Expert Panel's work included ensuring that public health remains an independent voice working outside the health care system, and continuing to maintain strong relationships with municipal governments and local organizations. It also sought to improve local access to specialized public health knowledge, and be supported by province-wide initiatives to analyze health status data.

However, the Expert Panel's recommendations outline proposals for extensive structural, organizational and governance changes that could impede public health's mandate, as explored in the discussion section below.

Key recommendations from the Expert Panel include:

- **Geographic Boundaries:** Move from 36 local public health boards of health to the creation of 14 new larger Regional Boards of Health. These would be aligned with LHIN boundaries, as opposed to being organized along municipal boundaries. In the Champlain region, the new Regional Board of Health would include OPH, Eastern Ontario Health Unit, and parts of Renfrew County and District Health Unit and Leeds, Grenville and Lanark District Health Unit.

- **Regional Public Health Entity:** Each Regional Health Entity would be led by a Chief Executive Officer (CEO), who would report to the Regional Board of Health. One Regional Medical Officer of Health would report to the CEO.
- **Local Public Health Service Delivery Areas:** The Regional Public Health Entity would be subdivided into Local Public Health Service Delivery Areas, with a local Medical Officer of Health, who would report to the Regional Medical Officer of Health.
- **Governance Model:** Regional Boards of Health, with 12 to 15 members, would be free-standing and autonomous. They would include municipal representation, provincial appointees, citizen members, as well as, potentially, representatives from other sectors.

The MOHLTC has not made any comments or decisions on the Expert Panel's report, and is receiving feedback until October 31, 2017.

DISCUSSION

Ottawa Public Health (OPH) welcomes and supports the Province's goals of transforming the health system, including building capacity for the public health sector to contribute to advancing population health, reducing health inequities, and informing health system planning. There is advantage in seeking to achieve economies of scale and a more equitably distributed critical mass of public health capacity through a reduced number of health units, to build public health surge capacity across the province, and to have more consistent governance models. The health of the community would benefit from reduced disparities in public health service delivery across the province and improved coordination between public health units, as well as with LHINs.

However, some of the important principles driving the Expert Panel's recommendations may be jeopardized, requiring careful consideration of the potential impacts and needed measures for mitigation of those potential impacts. OPH is cautious about the potential for unintended consequences that the new models for public health service delivery could trigger.

Other organizations have provided feedback on the Expert Panel report, including the Association of Local Public Health Agencies (Document 1); the Council of Ontario Medical Officers of Health (Document 2); and the Association of Municipalities of Ontario (Document 3). These organizations have identified potential unintended

consequences, and OPH's perspectives align with those found in these reports. OPH recommends the following principles be considered in evaluating the recommendations of the Expert Panel, in order to ensure that changes lead to an improvement in population health and a robust public health sector.

Protect the Public Health Mandate

Health care is only a small factor in determining people's health and well-being. The mandate of public health includes focusing on the many other influential factors that prevent disease and promote health. To achieve this, public health works collaboratively across sectors to influence the determinants of health, reduce health inequities, advance healthy public policy, and create the most optimal conditions and environments for people to thrive – often with stakeholders outside the health care sector. Public health's upstream work helps promote system sustainability by reducing demands on the broader health care sector.

The upstream approach is at risk of being diluted through restructuring public health to be more closely aligned (through geographic boundary changes and service delivery implications) with the health care sector. Public health is often invisible when it is most effective at the prevention of ill-health and ultimate reduction in the number of people who become patients. However, increased demands to align work with the health care system could increase the risk for resources to shift from prevention, protection and promotion to the more visible services provided by the primary care sector, including the treatment of diseases.

The impetus for the Expert Panel report was in part to build public health capacity and critical mass. However, with new requirements from the Province under the *Patients First Act, 2016*, a new Accountability Framework, as well as new Standards for Public Health Programs and Services, the public health sector may not be able to succeed in meeting these legislative mandates in view of the system-wide impacts that would be imposed by implementation of the report.

Maintain Boundaries that Foster Municipal Collaboration

As described above, upstream, multi-sectoral collaboration, which seeks to influence the determinants of health, reduce health inequities, and advance healthy public policy, is a cornerstone of effective public health practice. Public health boundary alignment with local municipalities enables meaningful engagement and delivery of services with local municipalities in areas such as transportation and land-use planning, tobacco

control, legalization of cannabis, substance misuse, housing, recreation, social services, emergency medical services, and emergency preparedness and response.

Aligning public health with LHIN boundaries, which were determined by hospital catchment areas, could fracture, disrupt and jeopardize direct relationships with local municipal departments, school boards, community organizations, and other local stakeholders. Protecting municipal collaboration through maintaining boundary alignment with municipalities, rather than LHINs as is recommended by the Expert Panel, would help protect the mandate of public health.

Maintain Local Governance & Representation

The recommendations to establish 14 Regional Health Entities with their own Boards of Health would, by replacing local Boards of Health with Regional Boards of Health, significantly decrease local, municipal representation, and could result in a shift in focus to more urban public health issues at the expense of rural communities and vice versa where a city-based board now has to consider the needs of a broader rural area. Large Regional Boards of Health may also impede capacity for maintaining working relationships with local, municipal councils. Local capacity to impact population health and ensure sustained municipal interest in local public health issues should be maintained. As such any restructuring of public health should consider mitigation strategies to avoid weakening of local community and municipal perspectives in public health decision-making.

Minimize Financial & Administrative Implications

The proposed changes could result in significant cost and province-wide disruption of the public health labour force. Labour disruption, with likely negative impacts on programs and services, would also need to be considered. There could be significant impacts on health units such as OPH that are embedded within the municipal infrastructure on issues such as shared services, human resources, pensions, unions, etc. Locally, the costs of disentangling from the City of Ottawa administrative structure would likely be substantive and would require careful and time consuming negotiation. In addition, across the province, there is a risk that public health professionals might seek other employment in a time of uncertainty and when experiencing such significant change, creating a public health knowledge and capacity gap.

Impacts on funding models across the province could be impacted with the risk of decreased municipal contributions due to misaligned municipal boundaries and the reduction of municipal engagement on Regional Boards of Health. Municipalities may

be reluctant to provide public health funding above and beyond what is required if they have fewer effective opportunities for municipal-public health collaboration and minimal influence on local public health decision-making through local Boards of Health.

Should the recommendations be implemented, public health's operating budgets should be enhanced to cover any restructuring costs. Public health budgets and resources should also be protected from diversion to the health care delivery system, a point also recommended by the Expert Panel itself.

Conduct Fulsome Analysis of Options

Transformation of this scale has the potential to result in substantive disruption of the public health system. A clarification of the issues these changes seek to improve may help identify alternate solutions with fewer possible negative impacts. Ensuring that changes are informed by a cost-benefit analysis of options would be strongly encouraged. Further analysis of options could help ensure that the transformation models reflect the diversity across jurisdictions and allow for flexibility to leverage strengths and mitigate risks depending on local needs. In addition, exploration of other options could lead to strategies that would improve public health capacity without necessarily restructuring the public health landscape.

Conclusion

OPH welcomes and supports increasing the capacity for integrating population health into health system planning. However, the complete restructuring of the Ontario public health system proposed in the Expert Panel report has potential far-reaching impacts and unintended consequences that will likely compromise public health's ability to achieve its mandate.

Findings from the Public Health Workstream may provide alternate options for better integrating population health perspectives within health system planning, funding and delivery without a full public health sector restructuring. Current work underway through a province-wide Locally Driven Collaborative Project, which is researching collaborative frameworks for Boards of Health and LHINs, could also inform and help foster successful public health unit and LHIN collaboration.

OPH recommends that the Ministry wait until the forthcoming new Provincial Standards for Public Health Programs and Services, the new Accountability Framework, and new requirements under the *Patient's First Act, 2016*, are implemented as well as the

promising practices from the Public Health Work Stream framework are explored before considering implementation of the Expert Panel recommendations.

OPH is therefore in concurrence with the Association of Local Public Health Agencies and the Council for Medical Officers of Health, in recommending that the Expert Panel report be further assessed, with the potential for new models and options to be explored that would better protect the mandate of public health while improving the capacity of the public health sector and its ability to collaborate with the LHINs. Building on current strengths of the public health sector, and the important work of the Public Health Work Stream with its proposed framework, provide lower-risk, lower cost and less resource disruptive means by which to achieve the goals sought by the Expert Panel.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

No public consultation was undertaken in preparing this information report.

LEGAL IMPLICATIONS

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

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility implications associated with this report.

SUPPORTING DOCUMENTATION

Document 1: Association of Local Public Health Agencies submission to the Minister of Health and Long-Term Care on the Expert Panel report

Document 2: Council of Ontario Medical Officers of Health response to the Expert Panel report

Document 3: Association of Municipalities of Ontario's response to the Expert Panel report

DISPOSITION

The Chair of the Board of Health, with support from OPH staff, will implement the Board's decisions with respect to this item.