

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
18 September 2017 / 18 septembre 2017**

**Submitted on September 11, 2017
Soumis le 11 septembre 2017**

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

**Contact Person
Personne ressource:**
Dr. / D^r Isra Levy, Medical Officer of Health / Médecin chef en santé publique
613-580-2424, x. 23681, Isra.Levy@Ottawa.ca

Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2017-OPH-MOH-0006

SUBJECT: ONTARIO'S HEALTH SYSTEM TRANSFORMATION - UPDATE

OBJET: MISE À JOUR – TRANSFORMATION DU SYSTÈME DE SOINS DE SANTÉ DE L'ONTARIO

REPORT RECOMMENDATION

That the Board of Health for the City of Ottawa Health Unit receive this report for information.

RECOMMANDATION DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance du présent rapport à titre d'information.

EXECUTIVE SUMMARY

The purpose of this report is to update the Board of Health on the most recent developments associated with the Province's health system transformation process and provide an opportunity for discussion with respect to public health implications.

The report provides an overview of the developments and timelines with respect to the health system transformation process to date, going back to December 2015 when the Ministry of Health and Long-Term Care (MOHLTC) released a discussion paper titled [*Patients First, a Proposal to Strengthen Patient-Centred Health Care in Ontario*](#). It also provides a summary of the most recently released report from the Ministry, the Expert Panel report titled [*Public Health within an Integrated Health System*](#), which proposes significant and far-reaching changes to Ontario's public health landscape.

Ottawa Public Health (OPH) is following the development of the Association of Local Public Health Agencies' (alPHa) response to the Minister on this Expert Panel report and OPH will continue to engage with the Board on health system transformation developments and their implications, including the possibility of bringing a subsequent report to the next Board meeting with recommendations for a submission to the Ministry.

BACKGROUND

The Board of Health has received regular updates on the Province's transformation and health care reform agenda, including the implications for the public health sector, through memos, Board of Health reports, and the Medical Officer of Health's verbal reports. Public health is identified as a key component of an integrated health system. However, the shape and form of public health integration is evolving.

The purpose of this report is to provide an overview of key activities and documents released as part of the public health sector transformation to-date, to provide an update on the most recent developments, and provide an opportunity for discussion of the public health implications.

Patients First: Action Plan for Health Care

In February 2015, the Ministry of Health and Long-Term Care (MOHLTC) released [*Patients First: Action Plan for Health Care*](#). This report outlined 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. The report set the framework for the ensuing phases of the health system transformation in Ontario.

Patients First, a Proposal to Strengthen Patient-Centred Health Care in Ontario

In December 2015, the MOHLTC released a discussion paper, [*Patients First, a Proposal to Strengthen Patient-Centred Health Care in Ontario*](#), outlining proposals to significantly transform Ontario's health system and put the needs of patients at its centre. The proposal focused on population health and integration at the local level, improving access to primary care, standardizing and strengthening home and community care, and strengthening links between public health and other health services. It stated that Local Health Integration Networks (LHINs), primary care and public health needed to be more aligned and integrated, and that population health is not consistently incorporated in health system planning. It recommended transfer of public health unit funding from the MOHLTC to the LHINs. In addition, it recommended formal working relationships between Medical Officers of Health (MOHs) and each LHIN, in terms of planning population health services, transferring provincial funding for public health to the LHINs for allocation, and providing LHINs with responsibility for accountability agreements with public health units.

In response to these discussion papers, Ottawa Public Health (OPH) reviewed the implications for public health and provided feedback to the MOHLTC, as outlined in the February 2016 Board of Health report titled [*Towards Better Outcomes for Communities and Patients: Protecting and Leveraging Public Health in Ontario's Proposed Health System Transformation*](#). This report outlined the implications of expanding the role of the 14 LHINs to include responsibility of, and accountability for, local public health units. It reviewed the substantive potential impacts on the public health sector and the relationships of local public health units with municipalities and the LHINs. Risks identified included: the potential diversion of prevention and health promotion resources; the erosion of important local partnerships; and the loss of the municipal share of funding. Key principles identified as important principles through which to consider future proposals, as health system transformation evolves, were as follows:

1. Leverage the role of public health;
2. Maintain independent governance and accountability;
3. Protect public health funding;
4. Strategically integrate population health priorities, assessment and surveillance;
and
5. Enhance public health capacity.

Bill 41, Patients First Act, 2016

On December 8, 2016, the Province passed legislation for a more integrated health care system through [*Bill 41, the Patients First Act 2016*](#). It enacts many, but not all, of the recommendations of the Patients First discussion paper of December 2015. The *Act* expands the mandate of LHINs, making them more accountable for primary care planning, giving them responsibility for the management of home care services, and formalizing new relationships between local public health units and LHINs. It amends the *Local Health System Integration Act, 2006* and makes amendments to the *Health Protection and Promotion Act*, as well as a series of other acts. It seeks to strengthen integration of population and public health with the health system to better reflect population needs and integrate public health in health service delivery. This includes integrating social determinants of health and health equity into service delivery, as well as enabling stronger links between health care and disease prevention and health promotion.

Details of the Act that are relevant to public health units include the following amendments:

- **Establishing Geographic Sub-Regions:** The Act requires each LHIN to establish geographic sub-regions to support planning, funding and service integration. These sub-regions are to be supported by strategic directions and plans (section 14).
- **Engaging the Medical Officer of Health:** The Act requires that a “LHIN shall ensure that its chief executive officer engages with each medical officer of health for any health unit located in whole or in part within the geographic area of the network, or with the medical officer of health’s delegate, on an ongoing basis on issues related to local health system planning, funding and service delivery (9).” In addition, “A LHIN shall engage and seek advice from each board of health for any health unit located in whole or in part within the geographic area of the network in developing its integrated health service plan (section 9).”
- **Advancing Population Health and Health Promotion:** The Act adds the requirement for LHINs to “participate in the development and implementation of health promotion strategies in cooperation with primary health care services, public health services and community-based services to support population health improvements and outcomes (section 4).”
- **Promoting Health Equity:** The Act adds the requirement for LHINs to “promote health equity, including equitable health outcomes, [and] to reduce or eliminate

health disparities and inequities, and to recognize the impact of the social determinants of health. (section 4).”

The Act did not implement the Patients First discussion paper recommendation to transfer funding of public health units from the MOHLTC to the LHINs. The implementation of other sections of the Act and the transformation agenda is ongoing through the LHINs and the Province. To date, the LHIN sub-regions have been established and the LHIN organizational structures finalized. The Community Care Access Centres have been incorporated into the LHINs and ongoing work will focus on the sub-regions, including identifying and planning for integrated service delivery. In addition, as described in the below discussion, work is ongoing related to public health and health system integration.

DISCUSSION

In addition to the broader health system transformation discussion papers and *Bill 41, Patients First Act, 2016*, the MOHLTC has released documents that explore public health transformation in greater depth. Ministry working groups have been informing the public health transformation process by updating expectations of the programs and services delivered by public health units, exploring the role of public health engagement with LHINs, and identifying how public health units could be structured and governed in the future. The Board has been apprised of the following three key thrusts of activities, which have evolved, regarding these issues:

1. The modernization of public health standards through the *Standards for Public Health Programs and Services* consultation document and process;
2. The formal engagement between the LHINs and public health units through the *Report Back from the Public Health Work Stream*; and
3. The role and structure of *Public Health within an Integrated Health System – Report of the Minister’s Expert Panel on Public Health*.

OPH has sought to influence the development of these documents through participating on committees, leading research work, and responding to consultations. In addition, OPH endorsed the feedback from the Association of Local Public Health Agencies (alPHa) to the Province, which address province-wide issues and implications of transformation on the public health sector.

Modernized Standards

On February 17, 2017, the MOHLTC released the consultation document *Standards for Public Health Programs and Services*, which sought to modernize the current [Ontario Public Health Standards](#). This document, pursuant to Section 7 of the *Health Protection and Promotion Act*, specifies the minimum requirements for public health program and service delivery in Ontario into the future. The current report does not discuss program, service and accountability implications as these are briefly outlined in the *Ottawa Board of Health Public Health Funding and Accountability Agreement – 2017 Mid-Year Update* report, also on the current meeting agenda. That said, the new Standards are expected to be finalized in the fall of 2017 and take effect in January 2018. There may be a period of transition that will allow for adaptation and adoption of the Standards over a longer period of time to support alignments with current budgetary and operational planning cycles.

Standards, Protocols and Guidelines Working Groups: The MOHLTC has established working groups comprised of public health unit representatives whose subject matter expertise will inform the development of approximately 35 protocols and guidelines to support implementation. The MOHLTC has requested OPH representation for the Population Health Assessment and Surveillance Protocol, the Chronic Disease Prevention Guideline, the Tanning Beds Compliance Protocol, and the Oral Health Protocol and Child Visual Health and Vision Screening Protocol.

Implementation Task Force: The MOHLTC has also established a Standards Implementation Task force, of which Dr. Isra Levy is a member. In addition, Ms. Esther Moghadam, Director of Health Promotion and Chief Nursing Officer, is a member of an Accountability Implementation Task force.

Public Health Work Stream

Formal engagement between MOHs and Chief Executive Officers of LHINs is one of the new legislative requirements outlined in *Bill 41, Patients First Act, 2016*. The Public Health work stream, comprised of representation from public health, LHINs and the MOHLTC, was established in 2016, and is one of 15 work streams to support the Province's health system transformation. The group was tasked with providing recommendations outlining potential parameters and minimum expectations for formal engagement between public health units and LHINs, to support integration of population health approaches into local health system planning.

On July 12, 2017, the MOHLTC released the working group's discussion paper *Report Back from the Public Health Work Stream*. The recommended framework identified the following key areas of collaboration:

- Population Health Assessment: Population health data and analysis to support health system planning;
- Joint Planning for Health Services: Orienting health services to address population needs; and
- Population Health Initiatives: Identifying opportunities and enabling action to improve population health and equity.

The discussion paper also provided options for potential structuring of the relationships between LHINs and all boards of health within their boundaries. These options include:

1. Assigning a Board of Health to act as a constant lead on behalf of all boards within the LHIN boundary;
2. Rotating the lead Board of Health role;
3. Providing boards of health with the flexibility to choose between a rotating or constant lead; or
4. Enabling a collaborative model which would have representation of some or all boards of health.

The MOHLTC provided public health units an opportunity to provide feedback through a survey. A draft submission was circulated to Board members for information and input, and OPH's submission, as outlined in Document 1, was sent to the Province on July 28, 2017.

OPH's feedback included a request for more detail and examples of collaboration on population health initiatives and joint planning of programs and services. Additional population health indicators were suggested. The discussion paper recommended the development of a toolkit to provide more detailed guidance, which OPH strongly supports, and offered feedback on the potential content (e.g. checklists, successful examples of multisector contributions, evaluation tools and best practices). OPH noted that significant time and effort will be required from public health units to engage with LHINs, as outlined in the framework.

The survey requested identification of the preferred option for the potential structure of the relationship between LHINs and boards of health. OPH's submission recommended the fourth option as the preferred approach, which would enable a collaborative model with representation of all boards of health. To be successful, this model would require appropriate inputs, representation, two-way communication and conflict resolution strategies across the province. Implementation of the first option, assigning a lead Board of Health, would require MOHLTC investment to ensure there was no impact on front-line programs and services.

In addition to providing input into the discussion paper, OPH is also seeking to inform the collaborative framework among boards of health and LHINs by leading a province-wide Locally Driven Collaborative Project (LDCP), funded by Public Health Ontario. The LDCP seeks to explore elements such as the values, goals, definitions, processes and use of population health information, which could inform successful public health unit and LHIN collaboration.

Minister's Expert Panel on Public Health

In January 2017, the Minister of Health and Long-Term Care established an Expert Panel on Public Health whose mandate was to provide advice to the Minister on public health governance, organization and structure within the Province's transformation and health care reform agenda. Its goal was to improve the integration of public health perspectives and leadership into the work of LHINs, including incorporating population health in health system planning and decision-making, as well as advancing health equity and social determinants of health considerations. The Expert Panel also sought to improve equity and capacity among public health units across the province.

The Expert Panel released its report, [*Public Health within an Integrated Health System*](#), on July 20, 2017. The report, which was circulated to the Board members, reflects the Expert Panel's recommendations to the Minister. The report was released without comments by the MOHLTC, aside from noting that it was being reviewed. On August 4, 2017, the MOHLTC announced that it would receive feedback on the recommendations until October 31, 2017.

The report proposes significant and far-reaching changes to Ontario's public health landscape. The Association of Local Public Health Agencies (aLPHa) has provided a summary of the report, as outlined in Document 2 and is engaging with its membership to prepare a response to the Ministry, anticipated this fall.

The report recommendations are framed around mandates and the principles that public health would maintain an independent voice and continue to work outside of the health care system to build collaborative relationships with municipal governments and local organizations. Public Health would also continue to advance the social determinants of health and identify at-risk populations. The report foresees population health perspectives integrated across the delivery of health services, with more connections to health promotion and health protection.

However, the Expert Panel's recommendations outline extensive structural, organizational and governance changes in the delivery of public health programs and services. These include:

- **Geographic Boundaries:** Move from 36 public health units to the creation of 14 new larger regional boards of health, which would essentially be amalgamations of existing health units. These would be more aligned with LHIN boundaries, as opposed to being organized along municipal boundaries. This model would address current challenges associated with the range of critical mass and surge capacity in public health units across Ontario.
- **Regional Health Authority Structure:** Each Regional Health Authority would be led by a Chief Executive Officer (CEO), who would report to the Board of Health. One Regional Medical Officer of Health would report to the CEO and to the Board of Health on issues of public health and safety and be supported by a senior public health leadership team.
- **Local Public Health Service Delivery Areas:** The Regional boards of health 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, as well as local program and service management and employees.
- **Governance Model:** Given the current variability in governance models across Ontario Health Units, the recommendation is to introduce consistency while maintaining public health autonomy and municipal representation. Regional boards of health, with 12-15 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 Expert Panel report recognizes that there are significant implementation and organizational change implications. These include: assessing the legislative amendments required; addressing the current public health funding model; developing

transition and change management plans; and identifying effective strategies to enhance linkages with LHINs.

Regional Health Units could promote more aligned integration with the LHINs and the health system, support a greater critical mass of public professionals, more equitable distribution of resources across the province, and more consistent governance models. However, there are a number of other important impacts to consider. The report recommendations suggest that health units currently aligned with municipal or regional levels of government, such as OPH, would have deep impacts to existing administrative and governance structures. These changes would result in significant cost and labour disruption as well as impact the working relationship with municipal partners and impede opportunities, at the municipal level, to advance healthy public policy and collaborative initiatives. In addition, the current Board of Health would be replaced by a Regional Board of Health with citizen members, provincial appointees, and municipal member representatives of the communities within the broader Champlain LHIN boundaries. Potential implications of any future transformational changes contemplated in the report have been shared with municipal officials.

In addition to alPHa, the Council of Ontario Medical Officers of Health (COMOH) and the Association of Ontario Municipalities (AMO) are also assessing the impacts of the report recommendations with a view to potentially making submissions to the Ministry.

Conclusion and Next Steps

The ongoing MOHLTC health system transformation work signals that extensive changes may be forthcoming to the public health sector. The structural changes and new requirements could have wide-reaching impacts on the operations, partnerships and accountabilities of OPH and the broader public health sector in Ontario. OPH has taken every opportunity to provide feedback to the MOHLTC throughout the transformation process, including submissions on the initial Patients First discussion paper, participation in the Standards Modernization review/consultation, and feedback in response to the *Public Health Work Stream* consultation documentation.

OPH is reviewing the Expert Panel report and is following the development of alPHa's response to the Minister. OPH will continue to engage with the Board on health system transformation developments and their implications for OPH and the public health sector as it evolves, including the possibility of bringing a subsequent report to the next Board meeting with recommendations for the Board to make a submission to the Ministry.

Finally, OPH is presently undertaking an organizational alignment, with the objective of building a stronger workforce to lead the future. OPH's Senior Leadership Team is in the process of developing an OPH structure that promotes better alignment and accountability with the new Ontario Standards for Public Health Programs and Services, while also creating an organization that is responsive to changing environments, requirements and health system. OPH will continue to update the Board on progress and is committed to maintaining its credibility and reputation for excellence in ensuring that Ottawa's communities and people are healthy, safe and actively engaged in their wellbeing.

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 receiving this report for information.

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: OPH's submission on Public Health's Work Stream

Document 2: aPHa Summary of Minister's Expert Panel on Public Health

DISPOSITION

OPH will continue to engage with the Board on health system transformation developments and their implications for OPH and the public health sector as it evolves,

including the possibility of bringing a subsequent report to the next Board meeting with recommendations for the Board to make a submission to the Ministry.