




CITY OF HAMILTON
Public Health Services
Office of the Medical Officer of Health

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	October 16, 2017
SUBJECT/REPORT NO:	Potential Public Health Restructuring BOH17034(b) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Jennifer Hohol 905-546-2424, Ext. 6004
SUBMITTED & SIGNATURE BY:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department 

RECOMMENDATION

- (a) That the Board of Health endorse Appendix A to be submitted to the Minister of Health and Long-Term Care providing feedback on the Public Health within an Integrated Health System Report of the Minister's Expert Panel on Public Health.
- (b) That the Board of Health endorses the positions statements put forward by the Association of Municipalities of Ontario (Appendix B) and the Council of Ontario Medical Officers of Health (Appendix C).

EXECUTIVE SUMMARY

On July 20 2017, the Expert Panel on Public Health (Expert Panel) released a report providing recommendations for an optimal organizational structure for public health in Ontario and how to best govern and staff this structure. The recommendations included proposed an organizational change with the creation of fourteen regional public health agencies through the amalgamation of existing public health units. To support a regional organizational structure, a consistent approach to governance was also recommended for implementation through the creation of fourteen regional boards of health.

Careful consideration has gone into reviewing the recommendations made by the Expert Panel and a response for submission to the Minister of Health and Long-Term Care on behalf of Public Health Services was informed by consideration of various

position statements from public health and health system partners, deliberations of the Governance Sub-Committee and discussion with the Chair of the Board of Health and the Public Health Champions. The Hamilton Public Health Services' response to the Expert Panel (Appendix A) draws attention to key considerations within the recommendations made by the Expert Panel including addressing issues in the public health system, maintaining public health function and maintaining local responsiveness.

Alternatives for Consideration – See Pages 4 & 5**FINANCIAL – STAFFING – LEGAL IMPLICATIONS (for recommendation(s) only)**

Although there are no implications of the recommendations in Report BOH17034(b) at this time, implementation of the recommendations made by the Expert Panel would have significant financial, staffing and legal implications.

HISTORICAL BACKGROUND (Chronology of events)

With the passing of the Patients First Act, 2016, transformation has been ongoing across the entire health system, including the public health sector. Three public health transformation initiatives were undertaken in parallel with Patients First to support public health and its role within an integrated health system. These initiatives include the:

- Modernization of the Ontario public health standards to direct public health program and service delivery;
- Public Health Work Stream to provide guidance on engagement and formalizing relationships between public health units and LHIN; and,
- Expert Panel on Public Health to consider how public health is best organized within an integrated health system.

The Expert Panel on Public Health was established by the Minister of Health and Long-Term Care (Minister) in January 2017. The panel was asked to consider the optimal organizational structure for public health in Ontario and how to best govern and staff this structure. The recommendations of the Expert Panel were made to:

- Ensure accountability, transparency and quality of population and public health programs and services;
- Improve capacity and equity in public health units across Ontario;
- Support integration with the broader health system and the LHIN; and,
- Leverage public health's expertise and leadership in population health-based planning, decision-making and resource allocation, as well as in addressing health equity and the social determinants of health.

On July 20, 2017, the Minister released the recommendations of the Expert Panel. With the release of the Expert Panel's report, it was identified that there would be opportunities for stakeholders to discuss the recommendations made through consultation. Since the release of the Expert Panel recommendations and report BOH17034, many groups including the Council of Ontario Medical Officers of Health and the Association of Municipalities of Ontario have been working to compile feedback and final position statements from these associations were carefully considered in the development of Hamilton Public Health Services' Response to the Expert Panel on Public Health (Appendix A). The final response was also informed by consultation with the Chair of the Board of Health, Public Health Champions as well as discussion at the Governance Subcommittee (BOH17034(a)).

Feedback to the Ministry of Health and Long-Term care must be submitted by October 31, 2017.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

It is a requirement of the Health Protection and Promotion Act that all public health units are governed by a board of health; however, legislation does not direct use of a specific governance model. Implementation of the recommendations made by the Expert Panel would result in new organizational and governance models for public health units. If recommendations are implemented, the governance of public health would exist at a regional level. The regional board of health would be a free-standing autonomous board comprised of a mix of elected officials and members of the community as opposed to the current governance model for Public Health Services in which the Board of Health acts as a standing committee of City Council.

RELEVANT CONSULTATION

Consultations to inform Hamilton Public Health Services' Response to the Expert Panel on Public Health occurred with the Governance Sub-Committee, the Mayor as the Chair of the Board of Health and the two appointed Public Health Champions.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

(Include Performance Measurement/Benchmarking Data if applicable)

The Hamilton Public Health Services' response to the Expert Panel (Appendix A) draws attention to key considerations within the recommendations made by the Expert Panel including addressing issues in the public health system, maintaining public health function and maintaining local responsiveness.

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

Addressing Issues in the Public Health System

Over the years, many areas of concern with the organizational and governance structures within the public health system have been identified. It is unclear however in the Expert Panel Report what problem in the public health system that the recommendations are trying to address. In addition, there is no clear demonstration of the benefits that this scale of change will bring to the public health system and once implemented, whether the recommendations will have a positive, negative or no impact on population health outcomes.

Maintaining Public Health Function

The opportunities for public health highlighted within the Expert Panel report focus on the valuable role that public health expertise can have on supporting a population health approach to planning within an integration health system. In support of this, there is a very strong emphasis by the Expert Panel on the public health relationships with the health care system including the LHIN. Overemphasis on public health's role within the health care system may have the potential to slowly draw public health away from its mandate towards more traditional health care services. It is essential that public health is not overwhelmed by the needs of the health care system and maintains the distinct role of providing services that meet local needs and achieve equity in health outcomes while still being able to maintain the full range of core functions of health protection, disease prevention, health promotion and promoting health equity within the Standards for Public Health Programs and Services.

Maintaining Local Responsiveness

The Expert Panel recommendations provide direction for an optimal organizational structure, geographic boundaries, leadership structure and approach to governance by public health units across the province. It is important in the recommendations that public health units remain a separate and distinct organizational entity from the LHIN and it is acknowledged that the amalgamation of some health units may help to address capacity issues in some areas of the province. Variability across public health in Ontario can be due to several factors including inadequate resources, operational challenges or ability to be responsive to local needs in keeping with the principles of the Standards for Public Health Programs and Services. It is essential that proposed solutions look to address challenges in these areas and do not inadvertently destroy public health's ability to respond to local need.

ALTERNATIVES FOR CONSIDERATION

(Include Financial, Staffing, Legal and Policy Implications and Pros and Cons for each alternative)

The Board of Health could choose not to submit a formal response on the Expert Panel to the Minister of Health and Long-Term Care.

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

Although this alternative would have no financial, staffing or legal implications at this time, implementation of the recommendations made by the Expert Panel would have significant financial, staffing and legal implications and therefore this alternative is not recommended. There is no benefit that can be gained from not engaging in consultation opportunities. Without participation in consultation, the Board of Health will forego their opportunity to provide input and direction to shape continued municipal involvement in the governance of public health in the future.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.

Our People and Performance

Hamiltonians have a high level of trust and confidence in their City government.

APPENDICES AND SCHEDULES ATTACHED

Appendix A to Report BOH17034(b) – Hamilton Public Health Services' Response to the Expert Panel on Public Health

Appendix B to Report BOH17034(b) – Association of Municipalities of Ontario's Response to the Expert Panel on Public Health

Appendix C to Report BOH17034(b) – Council of Ontario Medical Officers of Health's Response to the Expert Panel on Public Health

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

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

Dear Minister Hoskins,

Thank you for the opportunity to provide feedback on the Report of the Minister's Expert Panel on Public Health (Expert Panel). Hamilton Public Health Services has been informed and engaged in all recent public health system transformation initiatives and is committed to improving population health outcomes and delivering health promotion and protection services that best meet the unique needs of the population. We value continuous improvement in all of the work we do and understand that thoughtful reflection, renewal and innovation, with a clear sense of purpose and the use of good evidence, are important practices to ensure the best population outcomes for our communities. Careful consideration has gone into reviewing the recommendations made by the Expert Panel through consultation with staff, public health leadership and the Board of Health.

Overall, Hamilton Public Health Services' Board of Health endorses the positions put forward by the Association of Municipalities Ontario and the Council of Ontario Medical Officers of Health and draws attention to the key considerations outlined below.

Comments for Consideration

Addressing Issues in Public Health System

Over the years, many areas of concern with the organizational and governance structures within the public health system have been identified. It is unclear however in the Expert Panel Report what problem in the public health system that the recommendations are trying to address. In addition, there is no clear demonstration of the benefits that this scale of change will bring to the public health system and once implemented, whether the recommendations will have a positive, negative or no impact on population health outcomes. It is important that challenges within the public health system are clearly defined and targeted solutions are created to address these concerns. As recommended by the Expert Panel, instead of applying a system-wide solution in an attempt to solve localized issues, system change can be brought about by looking for areas of success within the public health sector with a focus on integrating these solutions into the broader system where concerns exist. Issues and problems should be addressed where there is a need rather than impose wholesale systems change on all.

There is no doubt that implementation of the Expert Panel recommendations will cause significant disruption to the public health system as it currently operates. The magnitude of the proposed change has the potential to cause loss in productivity during the transition period as well as lasting unintended negative consequences. It is very concerning that at this time no analysis has been provided on the implications of the proposed recommendations from a patient, cost, risk, or implementation success perspective. It is essential that these recommendations are thoroughly assessed to determine whether the benefits of implementation are worth the significant disruption to the system.

It is anticipated that there will be financial costs incurred through the implementation of the recommendations made by the Expert Panel. As a public health unit and a Board of Health, it is essential to understand these one-time and ongoing cost implications on public expenditures. If there are additional costs expected on the municipal levy, these need to be brought to the attention of municipalities with the expectation that financial support from the province will be provided to mitigate these budget pressures and that implementation will remain cost neutral for municipalities.

The local public health sector needs to ensure that concerns are raised, addressed and continue to be improved. Hamilton Public Health Services is highly engaged in many Patients First health transformation initiatives including the modernization of the Ontario Public Health Standards, the Public Health Work Stream, ongoing work with the Local Health Integration Networks (LHIN) and sub-LHINs and the Accountability Framework review, all of which has already brought about significant change for public health and its work with local health care system partners. Much of this public health transformation work already meets the mandate of the Expert Panel by working to improve accountability, transparency, quality, capacity and equity as well as support integration of public health within the broader health system. Any additional action to further improve public health to meet the Expert Panel mandate must be based on sound evidence and analysis of options. There is significant concern that the report from the Expert Panel does not provide a transparent rationale, evidence or assessment of solutions considered to support the arrival at the final recommendations.

Maintaining Public Health Function

The opportunities for public health highlighted within the Expert Panel report focus on the valuable role that public health expertise can have on supporting a population health approach to planning within an integration health system. In support of this, there is a very strong emphasis by the Expert Panel on the public health relationships with the health care system including the LHIN. Hamilton Public Health Services has well-established relationships within the health care system and acknowledge that there is room to further strengthen these relationships through continued participation in ongoing public health system transformation initiatives.

Overemphasis on public health's role within the health care system may have the potential to slowly draw public health away from its mandate towards more traditional health care services. It is essential that public health is not overwhelmed by the needs of the health care system and maintains the distinct role of providing services that meet local needs and achieve equity in health outcomes while still being able to maintain the full range of core functions of health protection, disease prevention, health promotion and promoting health equity within the Standards for Public Health Programs and Services. Most opportunities for health and health equity are not related to a lack of or inequity in access to health care services but to other sectors such as education, housing or income. Public health units within their existing structure are already positioned to succeed in working with this complex array of factors through strong partnerships within the broader system that generates health including municipalities, school boards and community service organizations. Too great of a focus for public health on the health care system jeopardizes these existing relationships and ultimately the ability of public health units to successfully improve population health outcomes and address health inequities where they exist. Ultimately the need to maintain and strengthen linkages by public health units should not only be focused on the health care system but with the municipal, social and community service as well. Thoughtful consultation on the Expert Panel recommendations should be facilitated with collection of input and feedback from these partners.

In addition, many public health units not only have municipalities as partners, but like Hamilton Public Health Services, are fully integrated within a municipal system that supports coordinated planning, policy and program work such as transit, recreation, housing and social services. The Expert Panel recommendations take public health units further away from municipalities as partners and funders in local service delivery and it cannot be assumed that the strong role that the municipal governments currently play in public health service delivery will be maintained through implementation of the Expert Panel recommendations. As a municipality, Hamilton has consistently invested more than their 25% share into providing public health services to the community. Those additional municipal dollars spent on public health service delivery may be at risk in a regional model.

Maintaining Local Responsiveness

The Expert Panel recommendations provide direction for an optimal organizational structure, geographic boundaries, leadership structure and approach to governance by public health units across the province. It is important in the recommendations that public health units remain a separate and distinct organizational entity from the LHIN and it is acknowledged that the amalgamation of some health units may help to address capacity issues in some areas of the province. Variability across public health in Ontario can be due to several factors including inadequate resources, operational challenges or ability to be responsive to local needs in keeping with the principles of the Standards for Public Health Programs and Services. It is essential that proposed solutions look to

address challenges in these areas and do not inadvertently destroy public health's ability to respond to local need.

The Expert Panel recommends new amalgamated regional public health agency boundaries better aligned with current boundaries of the LHINs. There is reservation that these are not the best geographical boundaries to organize public health as LHIN boundaries were previously established to reflect referral patterns within hospital catchment areas and not on an assessment of the health of the population. In many cases, including Hamilton, alignment of public health with municipal boundaries is a more effective way to deliver public health programs and services in order to make the greatest impact on population health outcomes. In addition, public health programs and services are currently tailored to local need in the community. With a regional model in place, there is concern that people from communities across the region will now be able to access unique local services in Hamilton. This brings about issues of increased costs due to greater uptake of services and whether these costs are expected to be absorbed by the community providing the service, the region or shared across all local communities within the geographical boundaries.

There is significant concern with the Expert Panel recommendations for regionalization of public health governance. One of the current strengths of the governance system in Hamilton is the ties to the municipal sector which has a direct influence on opportunities for health where people live. As a governing body, the Hamilton Board of Health / Council is able to remain flexible and make decisions to increase, decrease or change service delivery based on local need. Maintaining the local voice supports ongoing advocacy of local need to ensure that priorities in the community, such as increased support for youth, are not only identified but that action is taken to address these needs in a timely manner. It is believed that under the recommended model, there will be a reduced local leadership voice in decision making. Due to this, it is important that public health governance remains local while ensuring accountability to municipalities, the province and the local population. If a regional board of health model is implemented, it is essential to preserve the local voice through fair representation since adding local committees in decision making to preserve local voice would simply add layers and time to decision making. Local rather than regional governance remains preferred.

The Expert Panel was accurate in identifying ongoing challenges faced by boards of health in recruitment, competencies and a focus on population health issues and these governance issues should not be left unaddressed. There are a variety of existing tools within the public health system to ensure that good governance models are in place. These tools could be leveraged in order to ensure that models and structures achieve good outcomes at a reasonable cost and establish clear accountability of public health units to both the public and the province. No matter what path is chosen going forward, it will be essential to maintain some means of ensuring quality of all aspects of local public health.

Overall, Hamilton is very supportive of public health transformation that enhances our link with the health system, but this cannot occur at the expense of our ability to meet the local public health needs in Hamilton which extend over and beyond partnerships with the health care system. Any future action taken to further improve upon the public health system to support the achievement of better population health outcome and to reduce health inequities should be targeted solutions based on a clear purpose, evidence, and analysis of options that address existing issues at hand. We appreciate the opportunity to provide feedback on the recommendations within the Expert Panel Report and all ongoing public health transformation initiatives. We hope that our comments will be carefully considered and look forward to engaging in any further discussions.

Sincerely,

Fred Eisenberger
Mayor

Sent via e-mail: Eric.Hoskins@Ontario.ca

October 12, 2017

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Hoskins:

After careful consideration by our Board of Directors and our Health Task Force, AMO does not support the recommendations of the Expert Panel on Public Health and urges you and the provincial government not to adopt them.

If the Expert Panel recommendations are implemented, it will completely change and dilute over time the mandate of the local public health system by integrating it with the health care system. There was no analysis provided by either the Expert Panel or the Ministry on the implications of this proposed integration from either a patient, program/service, or cost benefit analysis perspective. There was no clear demonstration of any benefits of such a change in the public health system.

Our many concerns on the Expert Panel recommendations include:

- Public health will lose its local and community focus. It is currently integrated within its communities with multiple local linkages with both public and private bodies and organizations.
- A large number of the current public health units are fully integrated within a municipal system that enables coordinated planning, policy and program work with and between municipal services such as land use planning, transit, parks, housing and social services. The health unit staff are also municipal employees.
- For the autonomous public health units, there are also strong and vibrant local linkages with their municipal governments and services that would be severed or at least damaged by moving to a regional public health structure.
- The proposed governance model will reduce the local leadership voice in decision-making.
- Ensuring critical mass for emergencies does not need to be addressed only structurally.
- Serving the populations in rural and northern Ontario is already challenging. Experience has shown that making an entity regional does not generally help such situations.
- Amalgamations are not for the faint of heart and they do not generally produce the expected outcomes or efficiencies.

Municipal governments are your funding partners in public health – not merely stakeholders. In 2015, the last year data is available, municipal governments funded 38%, on average, of the public health costs for mandatory programs. To act upon the Expert Panel's recommendations, would create significant fiscal churn and likely municipal reduction in our cost-sharing world.

Given the grave concerns of what would be lost by implementation of these recommendations without any evidence of benefit lead us to our decision not to support them. The significant municipal interest and stake in this matter cannot be understated. We are asking for your commitment not to adopt all or any of these recommendations.

We would appreciate an opportunity to discuss this with you soon.

Sincerely,



Lynn Dollin
AMO President

cc: The Honourable Kathleen Wynne, Premier
The Honourable Bill Mauro, Minister of Municipal Affairs
Dr. Robert Bell, Deputy Minister, Health and Long-Term Care
Sharon Lee Smith, Associate Deputy Minister, Health and Long-Term Care
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care

BRIEFING NOTE

To: AMO Membership
Date: October 12, 2017
Subject: AMO's Response to the Expert Panel on Public Health

ISSUE: AMO does not support the recommendations of the Expert Panel on Public Health as outlined in the report, Public Health within an Integrated Health System, released on July 20, 2017. In the AMO President's correspondence, AMO demands that the government not change the public health system as recommended. The President's letter dated October 12, 2017 is included in this note in Appendix A.

SUMMARY OF AMO'S RESPONSE:

AMO does not support the recommendations of the Expert Panel on Public Health. We urge the Minister of Health and Long-Term Care and the provincial government not to adopt the recommendations given there is no clear evidence to justify such changes to the public health system. Integrating public health within the health care system would completely change and dilute over time the mandate of the local public health system.

ANALYSIS:

If the Expert Panel recommendations are implemented it will completely change the public health system and place it within the health care system. Neither the Expert Panel nor the Ministry have provided analysis on the implications of integrating from either a patient, program/service, or cost benefit analysis perspective. There is no solid empirical foundation provided to support the proposed change.

Many within the municipal sector are very opposed to integration of public health within the broader health care system for many reasons:

- Public Health will lose its local focus – even if there are local public health service delivery areas.
- The Public Health Units in Regional and Single-Tier municipal governments are fully integrated into the municipal system – regarding governance, as employees and linked to other parts of municipal services (i.e. planning, transit, housing, social services).
- There is a risk that integration will dilute the Public Health mandate and shift away from local population-based services toward clinical services to support the primary care system given those under resourced needs.

Creating coverage in larger geographic areas may help create critical mass, however, integration will be challenging in northern, rural and remote areas given smaller, spread out populations.

The recommendations concerning governance will weaken the local elected official voice by seeking to increase community members (LHINs, school boards) appointed to Boards of Health. The local elected official voice is important to reflect overall community need. The new model will only serve

to dilute municipal government involvement in Public Health. Being an elected official is a core competency. Elected officials bring a lens of value for money and the needs of the broader community.

It is suggested that the further that Public Health gets from the municipal core, the more the Province should be responsible for funding. Municipal governments may be less inclined to top up funding or contribute other in-kind municipal resources especially in the case of single-tier and regional governments where full integration of Public Health into the municipal system is the case. It may also be challenging to maintain close connections between local councils and Boards the larger and more regional they become. Municipal governments should have a strong role. It cannot be assumed that this will continue in a new model. This is a significant risk.

AMO's Health Task Force and the AMO Board carefully considered the matter of the Expert Panel's recommendations. AMO is opposed to the new proposed model for the reasons listed above. It is simply not clear that the benefits are worth the significant proposed disruption to the system. As well, it is also not clear the exact problem that the government is trying to address and, more broadly, what is the vision for the health care system. Until this is known and agreed to, as funding partners, it is challenging to respond to the need for change in Public Health.

In making its decision, the Board was guided by the following principles:

1. **Preserve the mandate of Public Health** – To make sure Public Health and its staff is not overwhelmed by the needs of health care services. Maintaining the distinctive role of Public Health to provide preventative and population-based health services that meet local needs, as a complimentary and equal partner to primary care's provision of clinical treatment services.
2. **Maintain the full range of current functions of Public Health** – To fulfill the mandate and desired public health outcomes ranging from disease prevention and health promotion to research and knowledge transfer. These are essential components to a well-functioning public health system.
3. **Enhance the capacity of Public Health** – To achieve better prevention and population health outcomes for local communities.
4. **Increase access to high quality health care informed by population health planning** – To guide primary care delivery that meets local needs.
5. **Achieve equity in health outcomes** – To benefit all individuals and regions of the Province in an equitable manner.
6. **Maintain local flexibility** – To ensure a One Size Doesn't Fit All model of standardization acknowledges the diversity of Ontario including areas of the Province (north-south, east-west, and rural-urban), and the diverse health need in different regions.
7. **Good public and fiscal policy** – To ensure change is driven by a clear public policy purpose and backed by evidence that any new arrangements will better suit that purpose. Change must be cost neutral for municipal governments.

8. **Facilitate greater partnerships and collaboration** – To maintain and strengthen linkages with the broader health care system but also with municipal and community services.
9. **Achieve good governance relationships** – To ensure that proper oversight models are in place that are appropriate for a public health organization, and for services, which are municipally funded.
10. **Support funding relationships** – To promote long-term sustainability with adequate resourcing and an appropriate direct relationship between Public Health and the Ministry of Health and Long-Term Care, rather than a new funding and oversight relationship with Local Health Integration Networks (LHINs).
11. **Accountable** – To establish clear accountability to both the public at the local level and to the Province.
12. **Transparent** – To build public confidence that models and structures achieve good outcomes at a reasonable cost.

BACKGROUND:

Public Health

Public health services, including both disease prevention and health promotion, are an essential part of Ontario's health services continuum. Municipal governments play a major role, often as the employer, and have significant responsibilities in delivering public health services. Ontarians are served by 36 local boards of health that are responsible for populations within their geographic borders. Most boards are autonomous entities while some have the local municipal council serving as the board of health. Among other requirements mandated by the Province, local boards of health are responsible for implementing the provincially mandated 2008 Ontario Public Health Standards.

Currently, public health services are cost shared as a 75% provincial and 25% municipal responsibility. In 1998, under the *Services Improvement Act*, municipalities became responsible for 100% funding of all public health units and services. This was quickly amended in 1999, when the 50/50 cost sharing arrangement between the municipal and the provincial governments was reintroduced. It stayed at this level throughout the 2000 Walkerton tragedy and the 2003 SARS outbreak.

In 2004, the provincial government launched Operational Health Protection to address long-standing public health system capacity issues that included phased-in increases to the provincial share of public health funding to 75% by 2007. Under the *Health Protection and Promotion Act*, 1990, the Province may provide grants to municipalities to assist with public health costs whereas municipal governments are legislatively responsible for public health funding. In 2006, the Capacity Review Committee's (CRC) report was released. CRC's recommendations on changes to governance and amalgamations of specific health units were not implemented by the Province.

In 2015, the last year data is available, municipal governments funded 38%, on average, of the public health costs for mandatory programs/Ontario Public Health Standards (source: 2015 FIR of conditional grants). So, municipal governments are paying above the required cost sharing amounts.

Expert Panel on Public Health

To review and envision a new role for Public Health with the context of the *Patients First Act* and the revised standards, the government convened an Expert Advisory Panel. Gary McNamara, Mayor of Tecumseh, was appointed to the panel by the Minister, as an individual, not as a municipal representative selected by AMO.

The work of the Expert Panel is important, as it has come up with recommendations to the government intended to redefine the role of Public Health for years to come. The Minister gave the panel a mandate to look at how public health could operate within an integrated health system. The panel tabled the report to the Minister in June 2017.

The key recommendation proposes an end state for Public Health within an Integrated Health System that would have Ontario establish 14 regional public health entities—that are consistent with the LHIN boundaries.

Other Expert Panel Report recommendations include:

Proposed Leadership Structure consisting of:

- Regional public health entity with a CEO that reports to the Board and a Regional Medical Officer of Health (MOH) who reports to the Board on matters of public health and safety.
- Under each regional entity would be a Local Public Health Service Delivery Area with a Local Medical Officer of Health (reporting to the Regional MOH), local public health programs and services.

Proposed Board of Health Governance would be freestanding autonomous boards:

- Appointees would be municipal members (with formula defined by regulation), provincial appointees, citizen members (municipal appointees), and other representatives (e.g. education, LHIN, social sector, etc.).
- varied member numbers of 12 – 15
- diversity and inclusion – board should reflect the communities they serve
- qualifications – skills-based and experience
- Board to have the right mix of skills, competencies, and diverse populations.
- “Municipalities should also be encouraged to appoint a mix of elected officials and members of the community to ensure diversity and continuity and to reduce challenges elected officials may experience balancing their municipal responsibilities with their responsibilities for public health.”

The Expert Panel was not asked to make specific recommendations on implementation; however, they did identify elements that should be considered in developing an implementation plan. These elements include:

Legislation

Funding – It was noted that “as part of implementation planning the Ministry will need to revisit funding constructs in order to implement the recommendations”.

Transition Planning/Change Management – with wording that says:

- “The transition from the current 36 local boards of health to a smaller number of regional boards of health will have particular implications for municipalities and municipal members. It is important that the new board structure recognizes and protects municipal interests, while recognizing the potential for competition for municipal seats.”
- “To ensure greater consistency across the province, it may be helpful to work with the Association of Municipalities of Ontario to develop the criteria for municipal representation on the new regional boards.”
- Effective linkages with LHINs and the Health System.

Appendix A**Office of the President**

Sent via e-mail: Eric.Hoskins@Ontario.ca

October 12, 2017

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Hoskins:

After careful consideration by our Board of Directors and our Health Task Force, AMO does not support the recommendations of the Expert Panel on Public Health and urges you and the provincial government not to adopt them.

If the Expert Panel recommendations are implemented, it will completely change and dilute over time the mandate of the local public health system by integrating it with the health care system. There was no analysis provided by either the Expert Panel or the Ministry on the implications of this proposed integration from either a patient, program/service, or cost benefit analysis perspective. There was no clear demonstration of any benefits of such a change in the public health system.

Our many concerns on the Expert Panel recommendations include:

- Public health will lose its local and community focus. It is currently integrated within its communities with multiple local linkages with both public and private bodies and organizations.
- A large number of the current public health units are fully integrated within a municipal system that enables coordinated planning, policy and program work with and between municipal services such as land use planning, transit, parks, housing and social services. The health unit staff are also municipal employees.
- For the autonomous public health units, there are also strong and vibrant local linkages with their municipal governments and services that would be severed or at least damaged by moving to a regional public health structure.
- The proposed governance model will reduce the local leadership voice in decision-making.
- Ensuring critical mass for emergencies does not need to be addressed only structurally.
- Serving the populations in rural and northern Ontario is already challenging. Experience has shown that making an entity regional does not generally help such situations.
- Amalgamations are not for the faint of heart and they do not generally produce the expected outcomes or efficiencies.

Municipal governments are your funding partners in public health – not merely stakeholders. In 2015, the last year data is available, municipal governments funded 38%, on average, of the public health costs for mandatory programs. To act upon the Expert Panel's recommendations, would create significant fiscal churn and likely municipal reduction in our cost-sharing world.

Given the grave concerns of what would be lost by implementation of these recommendations without any evidence of benefit lead us to our decision not to support them. The significant municipal interest and stake in this matter cannot be understated. We are asking for your commitment not to adopt all or any of these recommendations.

We would appreciate an opportunity to discuss this with you soon.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Dollin', with a stylized, cursive script.

Lynn Dollin
AMO President

cc: The Honourable Kathleen Wynne, Premier
The Honourable Bill Mauro, Minister of Municipal Affairs
Dr. Robert Bell, Deputy Minister, Health and Long-Term Care
Sharon Lee Smith, Associate Deputy Minister, Health and Long-Term Care
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care

alPHa's members are
the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Society of
Nutrition Professionals
in Public Health

October 12 2017

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

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 COMO, about the research and experiential evidence used to inform decision making, and about the critical factors for successful implementation.
- COMO 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.).

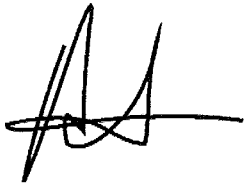
4. The authority of the medical officer of health position must align with the responsibilities of the position.

- 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