то:	CHAIR AND MEMBERS COMMUNITY AND PROTECTIVE SERVICES COMMITTEE MEETING ON NOVEMBER 7, 2017
FROM:	MARTIN HAYWARD CITY MANAGER
SUBJECT:	RESPONSE TO THE REPORT OF THE MINISTER'S EXPERT PANEL ON PUBLIC HEALTH

#### RECOMMENDATION

That, on the recommendation of the City Manager, the following actions be taken with respect to the Report of the Minister's Expert Panel on Public Health:

- a) the "City of London Response to the Report of the Minister's Expert Panel on Public Health" (Appendix "A") BE ENDORSED;
- b) the City of London Response **BE SUBMITTED** to the Ministry of Health and Long-Term Care under a letter jointly signed by the City of London, the County of Middlesex, and the Middlesex-London Health Unit, detailing the concerns of the respective signatories;
- c) a copy of the submission noted in b), above, **BE SHARED** with the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, other Boards of Health in Ontario, and the Southwest Local Health Integration Network, for information.

#### PREVIOUS REPORTS PERTINENT TO THIS MATTER

There are no previous reports on this matter.

### **BACKGROUND**

### **Purpose**

Council's Strategic Plan for the City of London, 2015-2019, identifies 'Strengthening Our Community' as a strategic area of focus, under which a 'Healthy, safe, and accessible city' is identified as a strategy.

The purpose of this report is to provide an overview of the recommendations of the Minister's Expert Panel on Public Health and the potential impact that these recommendations may have on our community. These considerations and implications will form the City's official response to the Ministry of Health and Long-Term Care on this matter (Appendix A).

# Minister's Expert Panel on Public Health

The goal of the Ministry of Health and Long-Term Care is to transform and integrate Ontario's health care system with the patient in mind. One of the key drivers of this transformation is the provincial Patients First Strategy which is a blueprint for creating a patient-centred health care system.

In January, 2017, the Ministry of Health and Long-Term Care created an Expert Panel on Public Health composed of nine members, appointed by the Minister, from both health and academia. The mandate of the Expert Panel was to 'provide advice on structural, organizational, and governance changes for Ontario's public health sector within a transformed health system.' In making their recommendations, the Expert Panel was specifically asked to consider:

- The optimal organizational structure for public health in Ontario; and,
- How best to govern and staff the optimal organizational structure.

The Expert Panel report, *Public Health within an Integrated Health System*, included as <u>Appendix B</u>, was submitted to the Minister on June 9, 2017 and subsequently released July 20, 2017.

<sup>1</sup> Public Health within an Integrated Health System, Report of the Minister's Expert Panel on Public Health, page 4.

#### **DISCUSSION**

## Recommendations of the Minister's Expert Panel on Public Health

The recommendations contained within the Expert Panel report focus on several key elements of the public health system: (1) Organization and Geographic Boundaries; (2) Leadership; and, (3) Governance.

### 1. Organization and Geographic Boundaries

The Expert Panel makes two recommendations related to the organization and geographic boundaries of public health:

- a) Reduce the number of health units in Ontario from 36 and replace them with 14 regional public health entities:
- b) Establish catchment areas for the 14 new regional public health entities that are consistent with Local Health Integration Network (LHIN) boundaries and respect existing municipal boundaries.

#### 2. Leadership

The Expert Panel proposes a tiered leadership structure for public health where the local Medical Officer of Health would report directly to the Regional Medical Officer of Health. This Regional Officer of Health would report to the CEO of the Regional Public Health Entity.

Regional Public Health Entity			
CEO	Direct report to the Board of Health		
Regional Medical Officer of Health	<ul> <li>Public health physician</li> <li>Ability to report directly to the Board of Health on matters of public health and safety</li> </ul>		
Senior Public Health Leadership	<ul> <li>E.g., nursing (Chief Nursing Officer), associate medical officers of health, other content-specific leaders, corporate management (e.g., Chief Administrative Officer, Chief Operating Officer, Chief Information Officer, etc.)</li> </ul>		



# 3. Governance

The Expert panel recommends that the Province create a consistent governance structure for regional boards of health with the following characteristics\*:

- Free-standing autonomous board;
- Municipal appointees (formula for representation to be determined);
- Provincial appointees (including Order-in-Council appointments for specific positions to be nominated by the board);
- Citizen members (municipal appointees), and other representatives (e.g. education, LHIN, social sector, etc.);
- Size varied (12-15 members);
- Meaningful opportunity for representation to ensure Indigenous partners have an active voice (based on population demographics); and,
- Boards should be diverse and inclusive to reflect the communities they serve.

\*A complete list of the proposed governance model characteristics can be found on page 23 of the Expert Panel Report.

### **Considerations and Implications for the City of London**

The recommendations of the Expert Panel on Public Health represent a desire to develop a health care system centred upon patient needs and a commitment to exploring options to address governance and organizational challenges in order to achieve better health outcomes.

The City of London applauds the provincial government's continued efforts to improve coordination

and continuity of care across the province. Notwithstanding this desire, the proposed changes to the public health system would have a significant impact on our community. The City has a number of concerns with the recommendations of the Minister's Expert Panel on Public Health.

## 1. Organization and Geographic Boundaries

The proposal to reduce the number of health units in Ontario to 14 regional public health entities that are consistent with the LHIN boundaries is of great concern. Under this proposed model, the Middlesex-London Health Unit would become part of a regional public health entity that aligns with the boundaries of the Southwest LHIN. This region would include: Middlesex-London, Elgin-St. Thomas, Oxford County, Perth District, Huron County and Grey Bruce areas.

The merging of these six Public Health Units under one regional public health entity would, in many cases, reduce or severely limit the ability to react to local public health needs. While there are public health challenges that impact all communities, there remain issues that are unique to large urban centres and smaller and/or rural communities. The geography of the proposed regional public health entity would make it very difficult to manage and balance the needs of all communities. The success of the Middlesex-London Health Unit has been its ability to respond and adapt to the unique challenges of the communities which it serves.

## 2. Leadership and Governance

Changes to the decision-making and autonomy of Local Public Health Units need to be weighed very carefully. Meaningful consideration must be given to the fact that there is no one-size-fits-all solution. Removing autonomy at the local level reduces the ability of Public Health Units to be strong and independent voices for the public health needs of their communities and, therefore, their ability to integrate and align planning with service delivery. It may also negatively impact many of the critical local relationships that Public Health Units, such as the Middlesex-London Health Unit, must build to deliver integrated and meaningful public health services.

It should also be noted that under the proposed governance model, the formula for municipal representation has not yet been defined. The London and Middlesex area represents over half of the population within the Southwest LHIN boundary. There is potential that the representation model could further dilute the ability to focus on uniquely local urban and rural issues.

## 3. Additional Concerns and Considerations

The financial implications of the proposed recommendations should be known prior to any further considerations to ensure that public health programs continue to be sufficiently resourced, without increasing funding obligations for municipalities. Implications include the valuation and transfer of ownership of assets and liabilities, and addressing current funding inequities that exist in the funding of Mandatory Programs. Mandatory Program funding is the majority of funding received by Boards of Health and these programs are cost-shared with municipalities.

In 2004, a number of commissioned reports recommended changes to public health because the system was broken and did not have resource capacity to fulfil its mandate effectively. As a result the Province of Ontario began to enhance capacity in public health by changing the funding model for Mandatory Programs from 50/50 (provincial/municipal) to 75/25 respectively, noting that under this model, and in accordance with the *Health Protection & Promotion Act*, provincial funding is discretionary and municipal funding is mandatory. Despite these changes, at present more than half of the 36 public health unit's Mandatory Programs are not funded at the 75/25 ratio. This includes the Middlesex-London Health Unit, which is currently funded at 70/30.

Given the scope and scale of the recommendations of the Minister's Expert Panel on Public Health, it is important that the Ministry of Health and Long-Term Care engage in deeper consultations with public health experts, municipalities and community stakeholders before such recommendations are enacted.

### **Next Steps**

Once approved by Council, the City of London's response (Appendix A) will be submitted to the Ministry of Health and Long-Term Care. This submission will be accompanied by a joint letter from the City, County of Middlesex and Middlesex-London Health Unit which outlines the shared concerns of the organizations as well as a request for deeper consultation on the matter. A copy of the City's submission will be provided to the Association of Municipalities of Ontario (AMO), the Association of Local Public Health Agencies, other Boards of Health in Ontario, and the Southwest LHIN.

Civic Administration will continue to closely monitor any developments regarding the Expert Panel

recommendations and collaborate with AMO through its Health Taskforce. Further analysis on implications will be completed as new information becomes available.

#### **CONCLUSION**

Ensuring that London is a healthy, safe and accessible city is a key strategy for the City of London. The City applauds the provincial government's efforts to improve coordination and continuity of care across the province and to create a patient-centred health care system. The recommendations of the Minister's Expert Panel on Public Health raise a number of concerns for our organization and community and it is hoped that the Ministry of Health and Long-Term Care will undertake significant consultations before such recommendations are enacted.

PREPARED BY:	SUBMITTED BY:
Adam Thompson	Rosanna Wilcox
Manager, Government and External Relations	Director, Community & Economic Innovation
	<u> </u>
RECOMMENDED BY:	]
Martin Hayward	
City Manager	
	]

c. Senior Leadership Team
 Operations Management Team
 Bill Rayburn, Chief Administrative Officer, Middlesex County
 Dr. Christopher Mackie, Medical Officer of Health and Chief Executive Officer, Middlesex-London Health Unit

#### **APPENDIX A**

### City of London Response to the Report of the Minister's Expert Panel on Public Health

The City of London would like to thank the Government of Ontario for the opportunity to provide feedback on the report of the Minister's Expert Panel on Public Health, entitled *Public Health within an Integrated Health System.* 

# Considerations and Implications for the City of London

The recommendations of the Expert Panel on Public Health represent a desire to develop a health care system centred upon patient needs and a commitment to exploring options to address governance and organizational challenges in order to achieve better health outcomes.

The City of London applauds the provincial government's continued efforts to improve coordination and continuity of care across the province. Notwithstanding this desire, the proposed changes to the public health system would have a significant impact on our community. The City has a number of concerns with the recommendations of the Minister's Expert Panel on Public Health.

## 1. Organization and Geographic Boundaries

The proposal to reduce the number of health units in Ontario to 14 regional public health entities that are consistent with the LHIN boundaries is of great concern. Under this proposed model, the Middlesex-London Health Unit would become part of a regional public health entity that aligns with the boundaries of the Southwest LHIN. This region would include: Middlesex-London, Elgin-St. Thomas, Oxford County, Perth District, Huron County and Grey Bruce areas.

The merging of these six Public Health Units under one regional public health entity would, in many cases, reduce or severely limit the ability to react to local public health needs. While there are public health challenges that impact all communities, there remain issues that are unique to large urban centres and smaller and/or rural communities. The geography of the proposed regional public health entity would make it very difficult to manage and balance the needs of all communities. The success of the Middlesex-London Health Unit has been its ability to respond and adapt to the unique challenges of the communities which it serves.

## 2. Leadership and Governance

Changes to the decision-making and autonomy of Local Public Health Units need to be weighed very carefully. Meaningful consideration must be given to the fact that there is no one-size-fits-all solution. Removing autonomy at the local level reduces the ability of Public Health Units to be strong and independent voices for the public health needs of their communities and, therefore, their ability to integrate and align planning with service delivery. It may also negatively impact many of the critical local relationships that Public Health Units, such as the Middlesex-London Health Unit, must build to deliver integrated and meaningful public health services.

It should also be noted that under the proposed governance model, the formula for municipal representation has not yet been defined. The London and Middlesex area represents over half of the population within the Southwest LHIN boundary. There is potential that the representation model could further dilute the ability to focus on uniquely local urban and rural issues.

# 3. Additional Concerns and Considerations

The financial implications of the proposed recommendations should be known prior to any further considerations to ensure that public health programs continue to be sufficiently resourced, without increasing funding obligations for municipalities. Implications include the valuation and transfer of ownership of assets and liabilities, and addressing current funding inequities that exist in the funding of Mandatory Programs. Mandatory Program funding is the majority of funding received by Boards of Health and these programs are cost-shared with municipalities.

In 2004, a number of commissioned reports recommended changes to public health because the system was broken and did not have resource capacity to fulfil its mandate effectively. As a result the Province of Ontario began to enhance capacity in public health by changing the funding model for Mandatory Programs from 50/50 (provincial/municipal) to 75/25 respectively, noting that under this model, and in accordance with the *Health Protection & Promotion Act*, provincial funding is discretionary and municipal funding is mandatory. Despite these changes, at present more than half of the 36 public health unit's Mandatory Programs are not funded at the 75/25 ratio. This includes the Middlesex-London Health Unit, which is currently funded at 70/30.

Given the scope and scale of the recommendations of the Minister's Expert Panel on Public Health,

it is important that the Ministry of Health and Long-Term Care engage in deeper consultations with public health experts, municipalities and community stakeholders before such recommendations are enacted.