

TORONTO STAFF REPORT

October 18, 2004

To: Board of Health
From: Dr. David McKeown, Medical Officer of Health
Subject: Local Health Integration Networks

Purpose:

To update the Board of Health on the Provincial announcement about the establishment of Local Health Integration Networks.

Financial Implications and Impact Statement:

No financial implications.

Recommendations:

It is recommended that:

- (1) the Medical Officer of Health continue to monitor the Province's health transformation agenda and provide updates to the Board of Health with particular focus on implications for Toronto Public Health and the City of Toronto;
- (2) the Board of Health, where appropriate, actively participate in the local public health capacity review of Operation Health Protection and consultations on Local Health Integration Networks to ensure that City of Toronto and public health perspectives are included;
- (3) this report be forwarded to City Council for information and appropriate action;
- (4) this report be forwarded to the Minister of Health and Long-Term Care and the Chief Medical Officer of Health as well as to the Association of Local Public Health Agencies (alPHA), the Ontario Public Health Association (OPHA) and all Ontario Boards of Health; and

- (5) the appropriate City Officials be authorized and directed to take necessary action to give effect thereto.

Background:

On September 9, 2004, the Minister of Health and Long Term Care (MOHLTC) launched a Health “Transformation Agenda” designed to create an integrated health care system that is “patient-centred and responsive to local health care needs”. The Minister introduced a Health Results Team that includes Barbara Hall, former Mayor of the City of Toronto, as Lead on Community Relations (Attachment 1).

On October 6, 2004, the Minister released his first Local Health Integration Network (LHIN) bulletin (Attachment 2) on the Ministry website.

The role of LHINs is to enhance and support local capacity to plan, coordinate, integrate, and fund the delivery of health services at the community level, but not to deliver services. The bulletin defines the geographic boundaries of LHINs, and the methodology of their selection. There will be 14 LHINs across Ontario, mapped according to hospital service patterns. LHINs will be governed by Boards of Directors, who are appointed by Order-in-Council, based on skills and merit and a transparent appointment process.

The bulletin makes mention of a number of health care agencies and institutions (including Boards of Health) under the heading “Why LHINs?”. Some health care agencies and providers such as cancer centres and Family Health Teams are not listed. The bulletin does not provide definitions of what is included in “health care”, and health promotion, health protection and disease prevention are not mentioned.

The Minister stated that “LHINs are a made-in-Ontario solution”. Ontario has been the only province in Canada that has not moved to some form of regionalization, where funding for health care delivery is coordinated through regional bodies for geographic areas. LHINs are a move towards regionalization with some components of funding delegated through LHINs. The primary difference between LHINs and regional health authorities is that LHINs will “respect and support local governance of health delivery organizations”.

At its July 2004 meeting the Board of Health requested the Acting Medical Officer of Health to:

- (1) assess the lessons learned for public health from other provinces that have instituted integrated health authorities; further assess the benefits/weaknesses of maintaining public health within a municipal framework;
- (2) monitor the provincial Ministry of Health's policy development related to integrated health authorities, searching for opportunities for public health input and advocacy; and

- (3) develop recommendations for the Board of Health and City Council on a possible City response.

This report provides an initial response to that request.

Comments:

Issues for Public Health in Ontario:

Public health services and programs are essential for the health of Ontario residents. Public health practice includes health protection, health promotion and disease and injury prevention through direct service and through healthy public policy - to intervene in most cases before illness occurs. Public health takes a population health, rather than an individual patient, approach to assessing health needs and providing service.

The current public health system works through 37 Public Health units, each with their own Board of Health. The units together cover the entire population and geography of the province. In addition, the MOHLTC has a Chief Medical Officer of Health and a provincial Public Health Division.

Following the Walkerton, West Nile, and SARS outbreaks, advocacy for stronger public health infrastructure and sustainable resources for public health services has gained momentum. The MOHLTC responded with Operation Health Protection (OHP), a plan to enhance public health capacity at both the local and provincial levels. The goals of OHP include establishing an Ontario Health Protection and Promotion Agency, reviewing local capacity and increasing the provincial cost-sharing contribution from the present 50% to 75% of the cost of delivering public health services by 2008. The other 25% of public health budgets will continue to be funded by municipalities.

The role of Operation Health Protection in the government's transformation agenda has not yet been determined. However, OHP must proceed to strengthen public health, as the transformation of illness care should not come at the expense of health promotion, disease prevention and health protection. In other words, the post-SARS promises for strengthening local public health must be fulfilled and must be linked to the transformation agenda.

The geographic boundaries for LHINs do not match public health unit boundaries. Some LHINs will contain more than one unit, and some units' boundaries will include portions of more than one LHIN. Public health units integrate their activities with both the health care sector and the broader health, municipal and community sectors. Boundaries that are only based on hospital referral patterns will not coincide with essential catchment areas and geographic service organizations important to achieving public health goals. One significant example is school board boundaries. It is important that LHINs work with local public health units to ensure effective health promotion, health protection and disease prevention service delivery.

Discussions with the Province's Chief Medical Officer of Health since the LHIN announcement indicate that Operation Health Protection is moving forward and that public health units will not be part of the LHINs in the short to medium term. All fourteen LHINs will need to negotiate working relationships with their corresponding health units to facilitate the integration of those areas of public health that interface with the health care system such as infection control, cancer screening, immunization and the control of communicable diseases.

Issues for Toronto Public Health:

Toronto Public Health (TPH) provides public health programs and services to all those who live, work and play in the City of Toronto. TPH has established extensive local neighbourhood and citywide networks to work with the diverse communities within the City. TPH values its position within the City of Toronto municipality. TPH has been developing an urban health framework to guide strategic planning on local health needs specific to the City as a large urban centre.

The City of Toronto's Board of Health, in collaboration with City Council, has played a strong planning and advocacy role in promoting and protecting health in Toronto. Some recent examples include the smoking and pesticide by-laws. Toronto Public Health's relationship with the City of Toronto government is vital in order to preserve the ability to maintain and establish effective interdepartmental and intersectoral partnerships and strategies that benefit all Torontonians.

The Toronto Central LHIN is within City of Toronto boundaries and three other LHINs (Central West, Central East and Central) are partly within Toronto and extend to other GTA municipalities and beyond (Attachment 3). TPH intends to develop relationships with all four of the LHINs that cover parts of the City of Toronto by building on well-developed relationships with the Toronto District Health Council, neighbouring public health units, hospitals and other health care organizations. There are also implications for other City of Toronto programs and services (e.g. EMS, Homes for the Aged, Emergency Response) with respect to LHIN interface.

In the agenda for October 18, 2004, the Board of Health has been asked to approve a recommendation (3.2) in the report entitled "Learning from SARS: Recommendations for Toronto Public Health Emergency Preparedness, Response and Recovery" to ensure that Operation Health Protection is moved forward in a timely manner. The Minister of Health and Long Term Care indicated that the second LHIN bulletin focusing on the consultation process would be posted within the next two weeks. This consultation should be conducted so as to allow sufficient time to explore the best options for meeting the health needs of Toronto and should encourage locally developed implementation plans rather than "one size fits all".

Conclusions:

As the largest public health unit in the province, Toronto Public Health will continue to work with the provincial government, in collaboration with other stakeholders, to ensure that public health is strengthened under the Provincial "transformation agenda". The Toronto Board of

Health is a key player in providing advice on the implications of the transformation agenda, including LHINs, for public health as well as for the City of Toronto.

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Dr. David McKeown
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List of Attachments:

- Attach. 1: Ontario Ministry of Health and Long-Term Care – Transforming Health Care Health Results Team http://www.health.gov.on.ca/transformation/team_bios.html
- Attach. 2: Ontario Ministry of Health and Long-Term Care – Transforming Health Care Local Health Integration Networks: Building a True System
http://www.health.gov.on.ca/transformation/lhin/lhin_mn.html
- Attach. 3a: Local Health Integration Networks – Toronto Central Health Integration Network Map http://www.health.gov.on.ca/transformation/lhin/lhinmap_mn.html
- Attach. 3b: Local Health Integration Networks – Central West Health Integration Network Map http://www.health.gov.on.ca/transformation/lhin/lhinmap_mn.html
- Attach. 3c: Local Health Integration Networks – Central Health Integration Network Map http://www.health.gov.on.ca/transformation/lhin/lhinmap_mn.html
- Attach. 3d: Local Health Integration Networks – Central East Integration Network Map http://www.health.gov.on.ca/transformation/lhin/lhinmap_mn.html