



STAFF REPORT ACTION REQUIRED

Board of Health Recommendations (HL9.3) Regarding the Healthy People First Health System Transformation

Date:	February 2, 2016
To:	City Council
From:	Deputy City Manager – Cluster A
Wards:	All
Reference Number:	HL9.3

SUMMARY

On January 25, 2016, The Board of Health considered a report from the Medical Officer of Health regarding "Patients First", a Ministry of Health and Long Term Care initiative proposing a number of changes in the health care system. The report identified opportunities and risks associated with health system transformation.

A number of the Board of Health recommendations have implications beyond Toronto Public Health and for the funding relationship between the City of Toronto and the Ministry of Health and Long Term Care. This report provides comment on the Board of Health recommendations from a City-wide perspective.

RECOMMENDATIONS

The Deputy City Manager, Cluster A recommends that:

1. City Council receive this report for information.

Financial Impact

This report has no financial impact.

ISSUE BACKGROUND

"Patients First: A proposal to strengthen patient-centred health care in Ontario" was released by the Ministry of Health and Long Term Care late last year. The report proposes a number of changes in the health care system. The Medical Officer of Health's report (HL9.3) Healthy People First: Opportunities and Risks in Health System Transformation in Ontario provides an excellent analysis and summary of the possible implications for Toronto Public Health and the City of Toronto.

COMMENTS

While closer alignment between the acute care and public health elements of the health care system appears to provide an opportunity for positive system change, the potential for resources to be diverted from public health (population health, prevention) to health care service delivery is a risk. One of the proposed changes is moving the provincial public health funding relationship from the Ministry of Health and Long Term Care to the Local Health Integration Networks (LHINs). This would effectively change what is currently a government-to-government funding relationship to a government to agency funding relationship. In response to this issue, the Board of Health has recommended that public health units continue to be directly funded by the Province.

Patients First also provides for a discussion of the current LHIN structures and boundaries. The City of Toronto is currently divided geographically into 5 different LHINs. Staff have worked to mitigate this misalignment of boundaries which directly impacts Toronto Public Health, Long Term Care Homes and Services, Toronto Paramedic Services and indirectly impacts Shelter Support and Housing Administration and Social Development Finance and Administration.

The Board of Health has recommended that the Ministry adjust LHIN boundaries to create geographic alignment with the boundaries of municipalities, school boards, and public health units, including creating one LHIN for the City of Toronto.

From a City-wide perspective, the Board of Health recommendations are helpful, particularly as they apply to retaining a government-to-government funding relationship and creating one LHIN for the City of Toronto.

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SIGNATURE

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