HL13.6 Attachment 1

TORONTO

REPORT FOR ACTION

Minister's Expert Panel Report on Public Health in an Integrated Health System

Date: October 13, 2017
To: Board of Health
From: Medical Officer of Health
Wards: All

SUMMARY

As part of the Government of Ontario's Health System Transformation agenda, the Minister of Health and Long-Term Care (the Minister) established an Expert Panel on Public Health (Expert Panel) in January 2017 and the Ministry of Health and Long Term Care (the Ministry) released a report from the Expert Panel on July 20, 2017. The Expert Panel's mandate was to provide the Minister with advice on structural, organizational, and governance changes to Ontario's public health sector with the stated goal of integrating public health into the health system.

The report includes recommendations that describe how public health will operate within an integrated health care system. The specific recommendations that impact Toronto Public Health (TPH) and the City of Toronto include:

- Dividing the City into three (3) separate public health units referred to as regional public health entities (RPHEs); with three (3) Chief Executive Officers and three (3) Medical Officers of Health for the City of Toronto;
- Aligning these RPHEs with three Local Health Integration Networks (LHINs) - Central, Toronto Central and Central East; and
- Establishing freestanding, autonomous boards of health removed from the municipal structure, and granting the provincial government the power to appoint members as well as appoint persons to the positions of Chair, Vice Chair and Finance.

The proposed recommendations would result in the most significant change to the public health system in decades, and there are serious concerns with the recommendations as presented. Building linkages, fostering collaboration and health system connection is important to meeting the health needs of all Ontarians, but organizational integration is not the solution to achieving this overarching goal.

This Board of Health (BOH) report provides an overview of the Expert Panel's recommendations, the impacts on public health in Toronto, and proposed alternatives to support enhanced capacity, collaboration and connectedness with the health system, without compromising public health's core mandate to improve population health.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health and City Council request the Minister of Health and Long-Term Care to carefully consider the implications of the Expert Panel recommendations on public health as presented in its June 9, 2017 report, *Public Health Within an Integrated Health System*

2. The Board of Health and City Council request the Ministry of Health and Long-Term Care to consider evidence-based alternative approaches to achieving the stated goals of the Expert Panel that will:

a) Ensure there is only one public health entity for the City of Toronto based on municipal geographic boundaries;

b) Mandate a formal relationship between Local Health Integration Networks, public health entities, and municipalities;

c) Allow for the continued existence of autonomous, semi-autonomous and regional/single tier boards of health governance models in Ontario; and

d) Support Board of Health roles, responsibility and membership competency by providing education and training to new members

3. The Board of Health and City Council request the Ministry of Health and Long-Term Care to undertake an inclusive and comprehensive consultation process on the Expert Panel report, including consulting specifically with the City of Toronto

4. A copy of this report and the Board of Health's decision be submitted to the Ministry of Health and Long-Term Care by October 31, 2017 to meet the provincial consultation deadline for public health

5. City Council forward its decision to the Minister of Health and Long-Term Care.

6. A copy of this report and City Council's decision be forwarded to the Chief Medical Officer of Health for Ontario, the Association of Local Public Health Agencies, the Council of Medical Officers of Health (Ontario), Ontario Public Health Association, the Association of Municipalities of Ontario, Ministry of Education, Ministry of Children and Youth Services, Toronto District School Board, the Toronto Catholic District School Board, Conseil scolaire Viamonde, and Mon Avenir Conseil Scolaire Catholique, the City Manager, Deputy City Managers (Cluster A, B, and C), the City Solicitor and the City Clerk.

FINANCIAL IMPACT

There are no financial impacts associated with this report.

DECISION HISTORY

A Presentation on the Expert Panel Report was delivered by the MOH to the BOH on September 25, 2017 (HL21.2 Report from the Minister of Health and Long-Term Care's Expert Panel on Public Health: Public Health within an Integrated Health System)

A BOH report on the December 2015 Patients First discussion paper was considered by the BOH on January 25, 2016; and adopted by City Council on February 3, 2016. This report provided a comprehensive assessment of the Patients First initiative, including a review of the impact of integrating public health into the broader health system (HL9.3 Healthy People First: Opportunities and Risks in Health System Transformation in Ontario)

COMMENTS

In December 2015, the Ministry of Health and Long-Term Care (MOHLTC) released Patients First - a discussion paper focused on strengthening patient-centered health care in Ontario. This included expanding the role of the LHINs to include funding and accountability for public health. Toronto Public Health (TPH) responded to this paper with a report to the BOH and made a formal submission to the province, which included a number of alternative actions to the government's proposal to fold public health under the LHINs.

The Patients First Act was passed in December 2016, and it does not extend LHIN authority over public health. Rather, it requires LHIN CEOs and MOHs to formalize their relationship to support improved health system planning. However, in January 2017, the Minister appointed an Expert Panel to consider how best to integrate public health into the broader health system. Specifically, the Expert Panel was asked to consider:

1. The optimal organizational structure for public health in Ontario 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 LHINs
    - leverage public health's expertise and leadership in population health-based planning, decision making and resource allocation, as well as in addressing heath equity and the social determinants of health

2. How best to govern and staff the optimal structure[1].

In addition to its mandate, the Expert Panel developed principles to guide its work and deliberations including, but not limited to:

- Preserving the strong independent public health voice and core public health functions;
- Maintaining and enhancing public health's relationships with the municipal sector and community partners; and

- Structural changes based on a clear understanding of the public health sector's role in an integrated health system; and organization of public health resources and services will reflect local needs[1].

The Expert Panel proposed four key recommendations that significantly change how public health is organized and governed in Ontario. These recommendations relate to four key areas:

1. Optimal Organizational Structure;
2. Optimal Geographic Alignment;
3. Optimal Leadership Structure; and
4. Optimal Governance.

The public health community embraces opportunities for change, especially changes that will bring about enhanced public health capacity and accountability and improving collaboration with the health care system through sharing public health expertise and leadership in population health-based planning. However, the Expert Panel recommendations as presented raise a number of concerns for the future of public health in Ontario, and in particular, Toronto Public Health (TPH) and the City of Toronto. The following is an overview of the Expert Panel's recommendations and an assessment of the implications on public health.

Expert Panel's Recommendations 1. Optimal Organizational Structure and 2. Geographic Alignment

There are currently 36 local public health units in Ontario which are organized along municipal and educational (school board) boundaries. To enhance public health capacity and to foster collaboration between the public health sector and the rest of the health system[1], the Expert Panel recommends reducing the number of health units from 36 to 14 regional public health entities, and aligning these new entities with the 14 LHINs in Ontario. For Toronto, this means dividing the City into three separate regional public health entities as follows:

- A portion of north-west Toronto (mostly north of Eglinton Avenue) falling into a new Central RPHE that includes York Region Public Health Services;
- Most of the east of the City (Victoria Park Ave. eastward) falling under the authority of a new Central East RPHE that will join Durham Region Health Department, Haliburton, Kawartha, Pine Ridge District Health Unit, and Peterborough Public Health to become one;
- The City's central area and downtown core, from west of Victoria Park Ave. to Hwy 427 would establish the third public health entity; and
- Eight (8) City of Toronto Wards will be split between the new RPHEs, including Wards 4, 11, 12, 15, 25, 34, 35 and 36.

See Attachment 1: Proposed Public Health Boundaries Mapped Against the City of Toronto Ward boundaries.

TPH Assessment of the Expert Panel's Recommendations 1. Optimal Organizational Structure and 2. Geographic Alignment

As presented, this proposed recommendation for the City of Toronto will not achieve the desired goal of enhancing public health capacity. In fact, the proposal de-amalgamates

public health in the City by splitting important public health resources into three regional service areas and allocating two-thirds of funding to two larger geographic areas outside Toronto. While it does achieve geographic alignment with the LHINs, alignment does not necessarily equate to collaboration and the report is silent on evidence to support this desired outcome.

Furthermore, splitting the City into three regional public health entities and aligning along LHIN boundaries contradicts the very principles the Expert Panel established to guide its work and deliberations - namely, maintaining and enhancing public health's relationships with the municipal sector and community partners, and organizing public health resources and services that reflect local needs[1].

If enhancing capacity is the desired outcome for public health, there are non-legislative alternative approaches the Ministry could consider other than amalgamating smaller, rural health units, and de-amalgamating larger health units such as TPH. Alternatives can include resource sharing agreements and data sharing agreements between larger and smaller health units.

If collaboration with the rest of the health system is a desired outcome, there are a number of alternative approaches that can achieve the same outcome without requiring geographic realignment and separation from the municipality. For example, public health units and LHINs can, and have, established partnership agreements for shared health priorities. The overdose crisis, and population health assessment and planning are just two examples of current partnerships that TPH and the Toronto area LHINs are working on together to improve health system integration and population health outcomes. Other initiatives include the Toronto Indigenous Health Advisory Circle and the Population Health and Equity Strategy Leadership Table. The MOH is also a representative on the Central LHIN Sub-region Planning Tables for North York Central and North York West.

Expert Panel's Recommendation 3: Optimal Leadership Structure

The Expert Panel's third recommendation is related to designing a two-tiered leadership structure that is administratively focused and mirrors that of the LHINs and other health care organizations. The two-tiered leadership structure proposed by the Expert Panel for public health consists of a regional level and local public health service delivery areas (LPHSDA).

At the regional level, there would be a regional CEO who would report to the BOH on financial and administrative matters; and a regional MOH, who would also report to the BOH on matters of public health and safety[1]. There would also be other executive positions including Chief Nursing Officer, Chief Administrative Officer, Chief Operating Officer, and Chief Information Officer. The LPHSDA would be smaller service areas within the regional structure and would possibly align with LHIN sub-regions of which there are 82 in Ontario. These sub-areas would be led by a local MOH and report to a regional MOH. For Toronto this would mean:

- three separate regional entities, with three leadership structures
- three CEOs, three Regional MOHs, and three sets of senior leadership teams;

- up to nine Local Public Health Delivery areas, requiring nine local MOHs and nine respective program delivery teams (staff and managers)

See Attachment 2: Proposed Structure and Leadership Model of Public Health in an Integrated Health System.

TPH Assessment of the Expert Panel's Recommendation 3: Optimal Leadership Structure

The Expert Panel's rationale for this structure is that it is an organizational design and leadership model that reflects best practices and leadership in other health organizations, it reinforces and capitalizes on strong public health and clinical skills, it captures the roles and functions of current leaders, and it will operate efficiently and effectively[1].

However, establishing a two-tiered leadership structure may impact the delivery of public health services and raises concerns about how costly it would be to design, staff and maintain. Such a structure would also reorient public health from being a community model focused on local service delivery and meeting local needs to a business model focused on administration and health sector leadership and coordination. This proposal also assumes that public health is not capitalizing on its existing public health and clinical skills. Yet, there is no evidence presented in the report to support these assumptions.

The larger concern associated with this proposed structure is the impact it would have on developing and managing relationships with the non-health sector (municipality, school boards, and community agencies). While the proposed model can support integration of public health into the health system, it does not guarantee success. Moreover, the ability to operate effectively and efficiently does not rest on organizational structures or relatability to health sector leadership. Because the recommendation is focused on structural alignment and relatability, the attention to municipal, and community partnerships is lost. As a result, the Expert Panel's guiding principles of maintaining and enhancing public health's relationships with the municipal sector and community partners; and basing structural changes on a clear understanding of the public health sector's role in an integrated health system[1] is compromised.

It should also be noted that creating LPHSDAs also undermines the goal of operating efficiently and effectively when there is the potential for up to 82 MOHs across the province that will be needed to lead the local delivery areas - in addition to 14 Regional MOHs. This raises serious questions related to capacity to deliver on this recommendation when the province has experienced significant challenges with filling 36 MOH positions over the last two decades. Currently, there are eight (8) full-time MOH vacancies in Ontario.

The province should consider ways to strengthen public health core functions, to focus on capitalizing on public health skills and expertise, and ensuring there are minimal leadership vacancies. Currently, the Ministry is developing a set of new Standards for Public Health Programs and Services (SPHPS) and an Accountability Framework that includes performance measures and reporting requirements. These will refocus public

health on its core business, while enhancing accountability, transparency and financial reporting without creating a structural model that is costly, difficult to maintain and develops an extra layer of bureaucracy that will not necessarily achieve improved public health outcomes.

Expert Panel's Recommendation 4: Optimal Governance is a Freestanding Autonomous Board of Health

All 36 health units in Ontario are governed by boards of health as required by the Health Protection and Promotion Act (HPPA). Currently there are three models of governance in Ontario: autonomous, regional/Single Tier and semi-autonomous. The Expert Panel recommends a single model of governance across the proposed 14 regional public health entities of freestanding autonomous boards with a total of 12-15 appointed members from the following categories:

- municipal membership - appointed by formula defined by regulation;
- provincial appointees - including Order-in-Council appointments for specific position of Board Chair, Vice-Chair and finances;
- Citizen members; and
- Other representatives (from the health or social sectors i.e., LHIN board members)[1]

Free standing autonomous boards are independent from any government. The Expert Panel recommends this structure to ensure consistency in governance and to reflect best practice, ensure accountability and effective oversight, maintain a strong municipal voice, and to ensure relatability with LHIN boards[1].

TPH Assessment of the Expert Panel's Recommendation 4: Optimal Governance Model is a Freestanding Autonomous Board of Health

Unless the province uploads 100% of funding for public health to the Ontario government, under an autonomous BOH, the City of Toronto will become an obligated municipality. This means that while the City can appoint members to three boards of health (to be defined by regulation), it will be obligated to pay its share (25%) of mandatory programs and services, based on a budget determined and approved by an independent BOH. Under this model, City Council will not have a role in the public health budget process or decision making including determining budget growth, staffing and resource allocation.

Additional concerns associated with this recommendation include:

- loss or weakening of the municipal voice in public health decision making by increasing provincial and LHIN board appointees;
- loss or weakening of financial oversight and accountability – Toronto's current semi-autonomous board requires Council to approve the budget; under the Expert Panel's recommended structure the City of Toronto will become an obligated municipality – meaning it will have to fund what the Board approves as municipal contribution;
- loss or weakening of healthy public policy as there would no longer be a direct relationship with the City structure or Council and its committees. This is a significant concern for Toronto, given its leadership on Smoking, Hookah, and Pesticide bylaws, food safety and personal service setting licensing and inspection systems, in addition to public health advice provided to the city in areas such as the built environment.

In addition, it is unknown how disentanglement and implementation costs would be calculated and which level of government would be responsible for providing them, as funding was outside the scope and mandate of the Expert Panel. Therefore, it is critical that the Ministry consult with the municipal sector, and in particular the City of Toronto, before making a final decision on this recommendation.

It is difficult to assess how moving the Toronto Board of Health to an autonomous model will achieve the stated goals identified by the Expert Panel. There is no evidence to suggest that there are existing problems related to leadership, capacity, competency, accountability or oversight in single-tier or semi-autonomous BOHs, such as Toronto. If there are concerns related to competency, there are existing mechanisms to address these, including authority for the Ministry to investigate, intervene and audit Boards of Health under the HPPA.

In addition, this recommendation contradicts the Expert Panel's guiding principle to preserve the strong independent public health voice and core public health functions - especially because the recommendation grants appointment powers to the province including the appointment of key positions such as chair, vice chair and finance.

Conclusion

Public health has the greatest impact when it works in collaboration with municipal, school and community partners to implement population health interventions. Toronto Public Health has contributed positively toward population health outcomes in Toronto for decades. It has led many new health policies and programs including by-laws prohibiting smoking in public places, and the use of pesticides, calling for menu labelling, and establishing the BodySafe and DineSafe inspection programs, to improve the health of all Torontonians.

Building public health capacity is important and a laudable goal. However, proposing to divide the City of Toronto into three separate public health entities does not build capacity. It will be disruptive and expensive, and impact the continuity of public health programs and services across the City. In addition, BOHs must remain locally focused with local representation. Accountability and oversight are best determined by a model of governance that reflects the population's health needs and the community where they live.

Finally, it is critical that the Ministry undertake a comprehensive review of the experience of integrating public health into the health care system in other jurisdictions. In other parts of Canada and in other countries, similar attempts to integrate public health into the health care system have been largely unsuccessful and at a great expense. In fact, public health has been re-oriented to "illness care" and vital resources have been shifted to treatment services as a result of the "tyranny of the acute"[2]. In England, public health was integrated into the National Health System, and is now being pulled out of the health care system, and is being placed back in the community.

Improved health outcomes for the people of Toronto relies on relationships with both the health and non-health sector, so that public health is able to identify the health needs of the community as a whole and effectively address the social determinants of health and reduce the health inequities in our city. The Ministry can bring about a more responsive and integrated system by supporting and/or requiring partnership agreements between public health, LHINs and other care providers, allowing public health to continue to focus on its core functions in collaboration with local, municipal partners and to establish strong, evidence based accountability frameworks, performance measures and reporting requirements.

CONTACT

Jann Houston, Director
Strategic Support
Tel: 416-338-2074
Email: jann.houston@toronto.ca

Jennifer Veenboer, Sr. Policy & Issues Advisor
Strategic Support
Tel: 416-392-0976
Email: jennifer.veenboer@toronto.ca

SIGNATURE

Dr. Eileen de Villa
Medical Officer of Health

ATTACHMENTS

Attachment 1: Proposed Public Health Boundaries Mapped Against City of Toronto Ward Boundaries

Attachment 2: Proposed Structure and Leadership Model of Public Health in an Integrated Health System

REFERENCES

[1] Minister's Expert Panel on Public Health. (2017). Public Health within an Integrated Health System. Toronto ON. Retrieved from: http://www.health.gov.on.ca/en/news/bulletin/2017/hb_20170720.aspx

[2]Toronto Public Health. (2016). Healthy People First: Opportunities and Risks in Health System Transformation in Ontario. Toronto ON: Board of Health Staff Report. Retrieved from: http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HL9.3