

Presentation on Minister's Expert Panel on Public Health

Public Health within an Integrated Health System

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- Context Setting
 - Health System Transformation & Public Health
 - Minister's Expert Panel on Public Health
- Expert Panel Report
 - Recommendations
 - Initial Analysis and Impact
- Options & Considerations
 - Other considerations and broader system impacts
- Next steps
 - Input and Action

Health System Transformation & Public Health

- Ministry of Health and Long-Term Care (the Ministry) mandate to transform and integrate the health system with the patient in mind
 - Patients First discussion paper released Fall 2015
 - Consultations held Winter/Spring 2016
 - Patients First Act introduced June 2016 and passed December 2016
 - Legislative requirement for Local Health Integration Networks (LHINs) to work with and engage with Medical Officers of Health (and vice versa) on health system planning
- Four public health transformation initiatives underway to develop public health's role in an integrated health system
 - Modernization of the Ontario Public Health Standards
 - Public Health Work Stream
 - Accountability Framework, Annual Service Plans and Budget Submissions
 - Minister's Expert Panel on Public Health

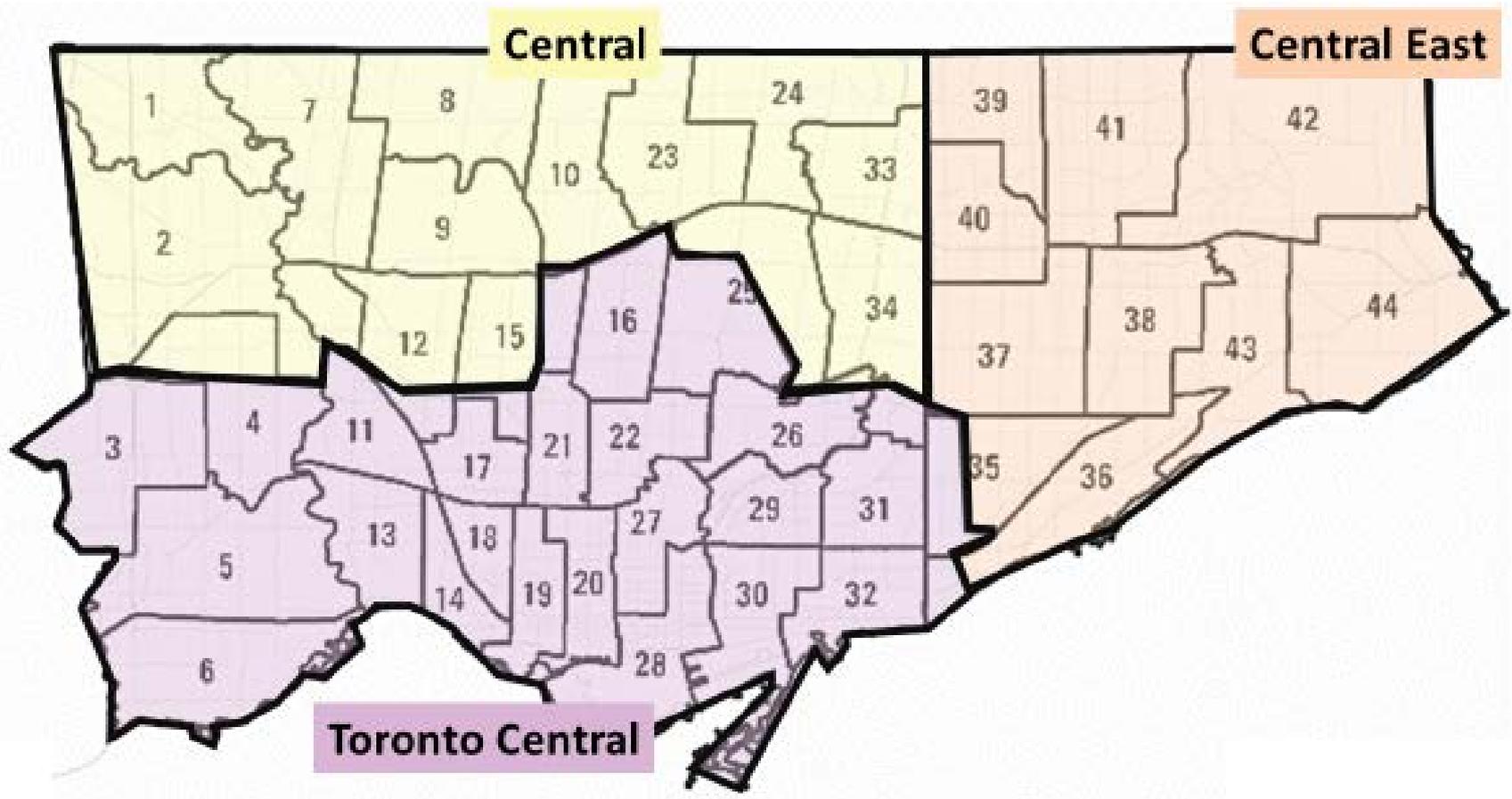
- Established by the Minister in January 2017
- Membership:
 - 9 members appointed by Minister
 - Broad representation from health and academia
- Mandate:
 - provide advice on structural, organizational, and governance changes for Ontario's public health sector within a transformed health system
- Overarching Goals:
 - strengthen public health and its relationships with other parts of the health system; and
 - make it easier to integrate health protection and promotion in to all health services
- Expert Panel report, *Public Health within an Integrated Health System*, submitted to Minister on June 9, 2017 and was released July 20, 2017

- Expert Panel Report recommendations focus on public health system:
 - organization;
 - geographic boundaries;
 - leadership; and
 - governance (one governance model for the entire system)
- The Expert Panel did not make specific recommendations on implementation including funding, legislative changes or transition planning and requirements

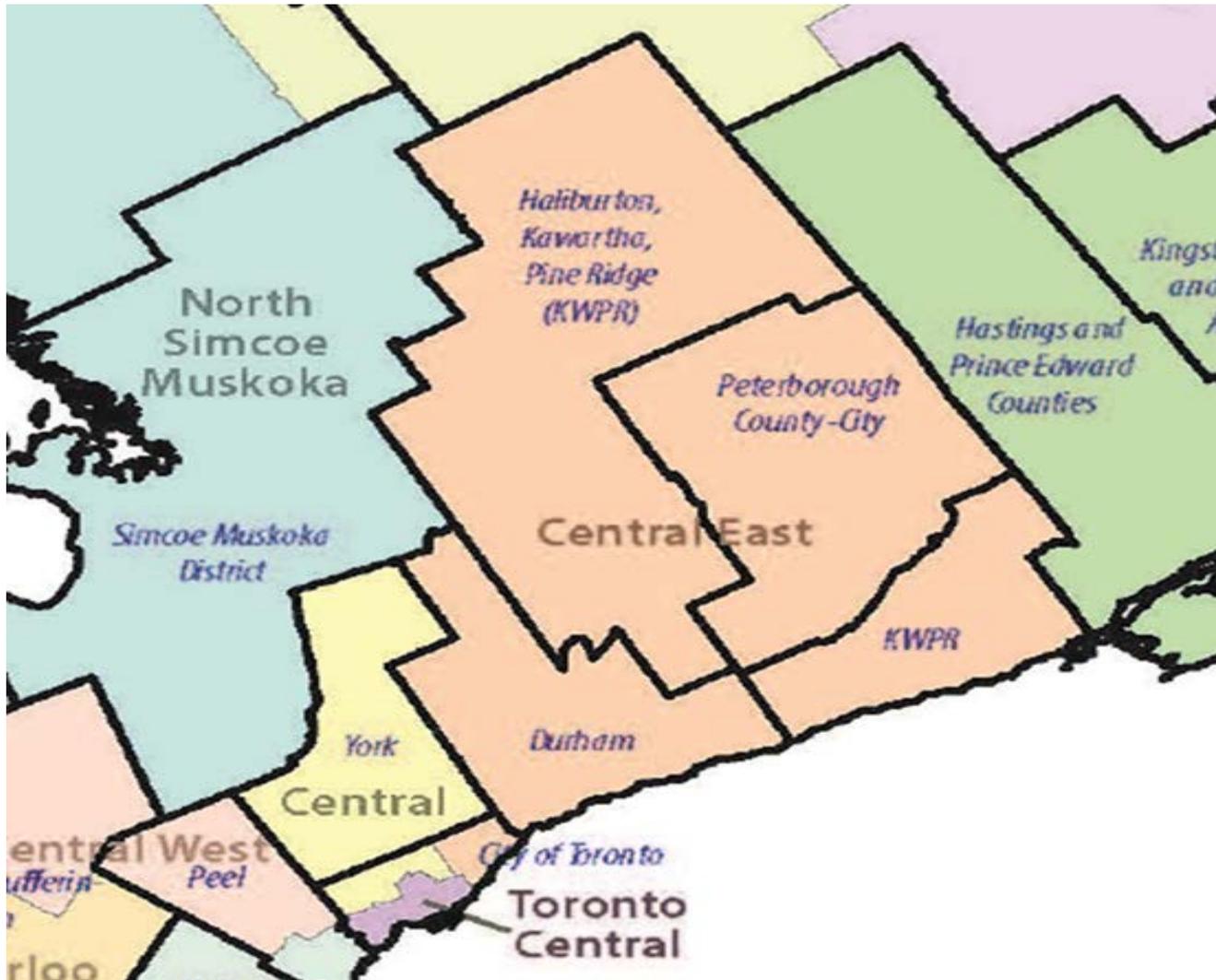
Recommended Organization and Geographic Boundaries for Public Health

- The Expert Panel proposes two key recommendations related to how public health is organized and its geographic boundaries:
 1. reduce number of health units in Ontario from 36 by replacing them with 14 regional public health entities
 2. geographic boundaries to be aligned and consistent with LHINs' boundaries with the exception of Toronto*
- Rational: *alignment will create a unified organizational structure with the LHINs and other health system partners, as well as improved public health capacity*

Three Regional Public Health Entities - Impact on Toronto



Three Regional Public Health Entities - Impact on Toronto



Recommended Leadership Structure for Public Health

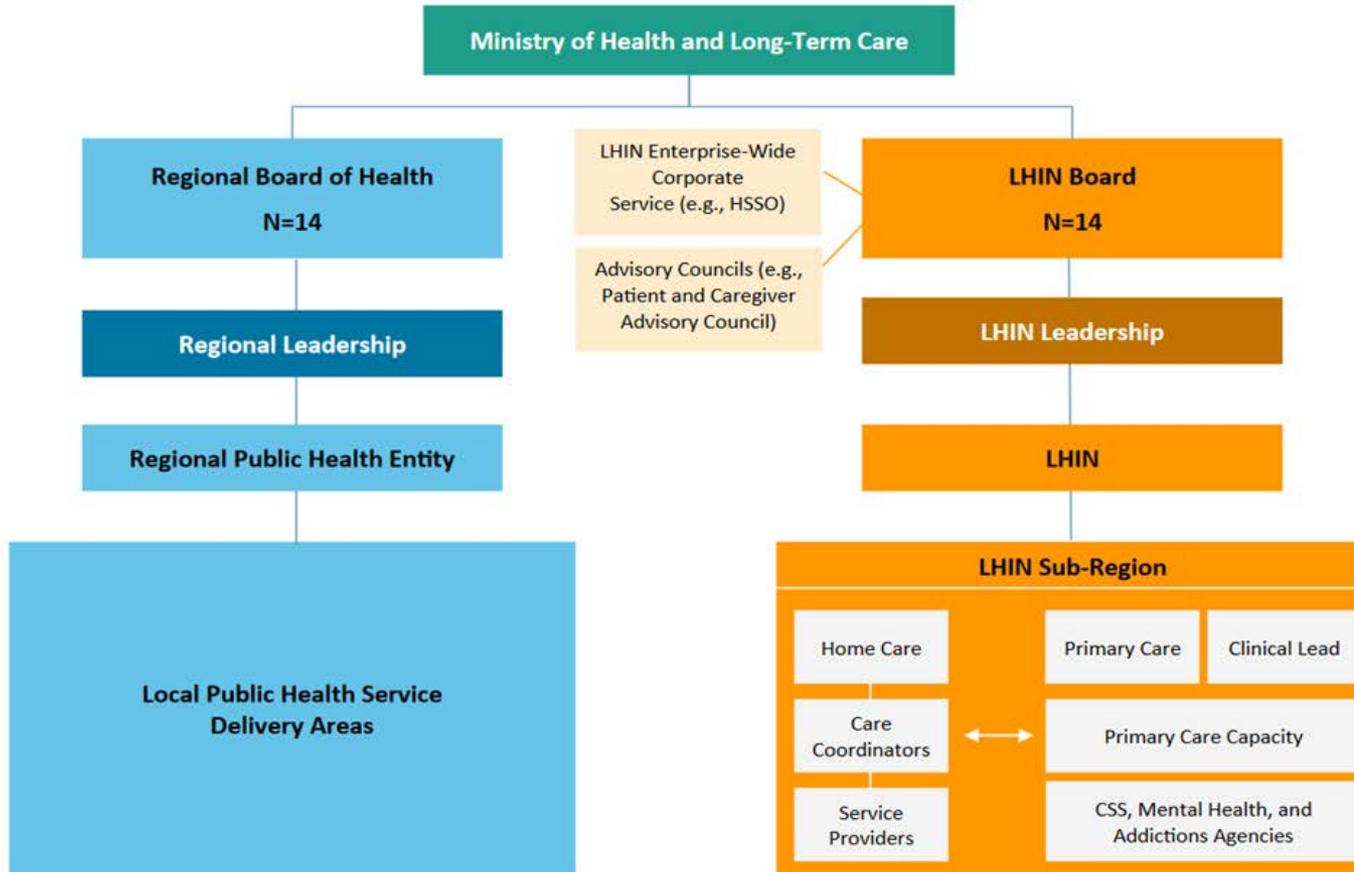
- The Expert Panel proposes a two-tiered leadership structure for public health:

Regional Public Health Entity	
CEO	<ul style="list-style-type: none"> Direct report to the Board of Health
Regional Medical Officer of Health	<ul style="list-style-type: none"> Public health physician Ability to report directly to the Board of Health on matters of public health and safety
Senior Public Health Leadership	<ul style="list-style-type: none"> 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.)

Local Public Health Service Delivery Areas	
Local Medical Officer of Health	<ul style="list-style-type: none"> Local public health physician Report to regional Medical Officer of Health Number—variable, e.g., based on population and geography
Local Public Health Program and Service Management	<ul style="list-style-type: none"> E.g., nursing leadership, public health inspection management, etc. Program managers Multi-disciplinary teams

- Rationale: *organizational design and leadership model reflect best practices in the leadership of other health organizations, and will reinforce a unified structure*

How the Proposed Leadership Structure Aligns with the LHINs & Impact



Recommended Governance Model for Public Health

- The Expert Panel proposes board of health governance should be freestanding autonomous boards:
 - appointees would be municipal members (with formula defined by regulation),
 - provincial appointees (Order-in-Council of specific positions such as Board of Health Chair)
 - 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
 - right mix of skills, competencies, and diverse populations
- Rationale: *consistent governance across the 14 regional public health entities to support board of health autonomy and independence, and to ensure boards of health relate effectively to LHIN boards*

Freestanding Autonomous Governance and Impact on Toronto

- Impacts of the freestanding autonomous governance model as presented in the report:
 - Loss / weakening of municipal voice in public health decision making
 - Loss / weakening of oversight and financial accountability
 - Loss / weakening of the important policy leavers
 - Significant disentanglement costs as public health will no longer be embedded in the City (with the City as the employer)
- The City to work with three, separate, autonomous boards of health, and to fund public health programs and services of each

- Other public health units, associations, and stakeholders have raised similar concerns regarding proposed approach to public health integration
- Additional concerns raised include:
 - risk of shifting public health's focus from prevention, protection and promotion interventions to treatment and/or clinical services
 - how the new entities and boards of health will be funded and resourced
 - the need for evidence to support the assumption that integration of public health will strengthen the health system and improve health outcomes
 - the need for a cost/benefit analysis that integration of public health is the right approach to improving health outcomes

- The Ministry scheduled in-person sessions with :
 - Council of Medical Officers of Health – Friday September 15
 - Boards of Directors for the Association of Local Public Health Agencies (ALPHA) and the Ontario Public Health Association (OPHA) – Friday, September 15
- Ministry provided stakeholders option to provide feedback electronically (email)
- Organizations preparing submissions:
 - Association of Municipalities of Ontario
 - ALPHA and OPHA preparing to provide formal submission based on members feedback
- Public Health / Boards of Health
 - Other health units and Boards of Health will make formal submissions ranging from board reports to letters outlining specific concerns
 - Toronto Public Health will prepare a formal joint response from the MOH and Board Chair and will prepare a report to the Board of Health when additional information and direction is released by the Ministry