4
FINAL REPORT OF THE PUBLIC HEALTH CAPACITY REVIEW COMMITTEE

The Health and Emergency Medical Services Committee recommends that:

1. **the recommendation contained in the following report, May 29, 2006, from the Commissioner of Community Services, Housing and Health Services be adopted**

2. **staff be directed to report back in September, 2006 providing a full review and critique of how the Final Report of the Public Health Capacity Review Committee will affect the Region.**

1. RECOMMENDATION

It is recommended that:
1. This report be received for information.

2. PURPOSE

The purpose of this report is to provide an overview of *Revitalizing Ontario's Public Health Capacity*: *The Final Report of the Capacity Review Committee* and to outline potential implications for the Regional Municipality of York.

3. BACKGROUND

In the aftermath of SARS, expert panels led by Dr. David Naylor and Dr. David Walker, as well as the inquiry led by Mr. Justice Archibald Campbell, each called on the province to strengthen the public health system and boost the capacity of local public health units to deliver public health services.

In June 2004, in response to these reports, the Ontario government launched *Operation Health Protection*, a three-year action plan to revitalize the public health system. A critical component of this plan was to review the organization and capacity of the province's local public health system. The Capacity Review Committee (CRC) was appointed to lead this review. Stakeholders offered input into the report through community and public health unit presentations, round tables, written submissions, staff surveys and site visits.

The CRC released its interim report in November 2005, and presented its final report and recommendations on May 4, 2006, to the Chief Medical Officer of Health, the Minister

of Health and Long-Term Care and the Minister of Health Promotion. The report sets out the Committee's vision and blueprint for the restructuring of Ontario's local public health system.

4. ANALYSIS AND OPTIONS

4.1 Key Recommendations

The final report of the CRC contains 50 recommendations designed to ensure that Ontario's local public health units can meet the current and emerging needs of Ontarians. These recommendations are divided into the key theme areas of public health workforce; accountability; governance; funding; building stronger health units; research and knowledge exchange; and strategic partnerships. The theme areas are presented here in the order that they appear in the CRC Report.

4.1.1 Strengthening the Public Health Workforce

The report recommends that a comprehensive provincial Public Health Human Resources Strategy be developed to ensure that the public health workforce is adequate and well-equipped. This should include a centralized work force database to support proactive human resource planning.

The CRC recommends that the province, in collaboration with appropriate professional bodies, should lead a process to develop a fair, equitable and more competitive salary strategy to address the issue of significant salary discrepancies. This will include an effective Medical Officer of Health (MOH)/Associate Medical Officer of Health (AMOH) recruitment and retention strategy to address the MOH shortage.

Further, each health unit should establish a local public health human resource strategy that complements the provincial one, addressing issues of recruitment, retention, professional development and leadership development.

The province should also enhance efforts to increase enrolment in public health programs and streams, including paid student placements, expanded funding opportunities for training, and innovative training modalities, such as part-time studies or distance education.

4.1.2 Accountability

The public health system should adopt a new, comprehensive performance management system that links performance standards and measures to a monitoring and reporting system. These new performance standards will replace existing mandatory health program and services guidelines, and will be designed to also address the organizational capacity of local boards of health.

Four mechanisms are recommended for performance monitoring and reporting:

- Ongoing monitoring

- Mandatory accreditation of health units
- Provincial assessment and compliance investigations
- Public reporting, including the production of an annual report with both health status and performance indicators

Accreditation for public health units in Ontario is currently voluntary. The costs for this process are not fully funded by the Ministry of Health and Long-Term Care (MOHLTC) and are seen by many health units to be prohibitive. To date, York Region Public Health has not pursued accreditation.

As it is recommended that monitoring and reporting mechanisms should be designed and determined by the MOHLTC, performance measures currently utilized by public health units, including those used within a municipal structure, may be altered or superseded in the future.

4.1.3 Governance

The CRC final report recommends that public health units be governed by autonomous, locally-based boards of health. The MOH should report directly to the board of health. These boards should consist of eight to fourteen members, with equal balance between municipal appointees and local citizen representatives appointed by the board under authority delegated from the province.

The report indicates that there is some flexibility with how the health unit will be integrated into the municipal structure. Where local health units are currently integrated, the boards of health and municipalities should jointly agree on the degree of future integration. For example, in some areas, if agreed upon staff may continue as municipal employees.

It appears that the impact of the report's governance recommendations on the Regional Municipality of York would result in the current Board of Health being disbanded and that public health programs and services in York Region would be governed by a new, locally-appointed, independent board of health. Different from the present structure, 50% of this independent board of health will be comprised of municipal appointees—either Regional Council members or other Regional Council appointees—and the remaining 50% would be comprised of community representatives appointed by the board under authority delegated from the province.

The process of how these appointments to the board of health would be made is not included in the CRC report. What is indicated, however, is that this would be a local process determined by the MOHLTC. The report also does not specify how the Chair of the new board of health would be selected or whether or not the Chair would be a municipal representative. The board of health structure proposed by the CRC appears to suggest that the Regional Municipality of York could have a lesser voice in public health program and service decisions for York Region than in the current governance model.

It should be noted that the CRC report recommendations regarding governance relate to Public Health Services only and not to Emergency Medical Services or Long Term Care and Seniors Services.

Negotiation of the degree of integration of a public heath unit with a municipality appears to be the role of the new board of health. This integration may include, but not be limited to, arrangements regarding physical space, human resources support, etc. The report does not outline the process for proceeding with these arrangements. The outcome of these negotiations could have a significant impact on the operations of the public health unit, its employees and the Regional Municipality of York.

4.1.4 Funding

The CRC recommends that public health units should be globally funded, with budgets approved by the province. For programs that are currently cost-shared, the funding formula should be 75% provincial and 25% municipal, consistent with the formula proposed for 2007. In addition, the report recommends that the province should guarantee continued full funding of the current 100%-funded programs.

It is also recommended that public health budgets should be determined locally and approved provincially. In addition, the MOHLTC should establish a budget process that allows for the approval of annual budgets within 3-year rolling forecasts to ensure that boards of health and municipalities operate in a predictable financial environment, with rolling 10-year forecasts for capital costs.

Details of the budget approval process, including the degree of involvement by municipal governments is not known at this time. Therefore, it is unclear whether respective municipalities will be simply informed of the cost of the 25% share following provincial approval; what, if any, mechanisms may be in place if a municipality does not agree with the funding decisions; and /or what processes may exist if a municipality feels that the programs approved for funding do not meet local needs.

4.1.5 Building Stronger Health Units

There are currently 36 health units in Ontario. The report recommends eight amalgamations for the purpose of achieving critical mass and strengthening the quality and amount of public health service. Recommendations for amalgamations were made to move toward LHIN boundaries wherever possible, except in cases where these alignments disrupted other community relationships. York Region, however, remains intact and unchanged, as do neighbouring health units in the GTA.

Recommendations around adequate administrative and programmatic support, including epidemiologists, data analysts, communications specialists, volunteer co-ordinators, research officers, and access to libraries and professional development opportunities as well as on-call system for after-hours and weekend coverage were also made by the Committee. Further, with the help of a MOHLTC template, it was proposed that every

health unit should develop mutual aid agreements with neighbouring health units to support anticipated emergency needs.

In addition, the CRC recommends that every health unit should have a full-time Medical Officer of Health and one or more Associate Medical Officer(s) of Health. It is recommended that the MOH report directly to the board of health as specified in the *Health Protection and Promotion Act.*

The CRC agreed that MOHs should be able to serve as Chief Executive Officers (CEOs) of local health units. However, Committee members were not able to reach consensus on whether the role of the CEO should be assumed by non-MOHs. The CRC includes a discussion of the advantages and the challenges of non-MOHs serving as CEOs in its report. It also recognizes that mixed leadership models are currently in existence and working well in a number of public health units in the province. However, the Committee did not make any recommendations regarding public health unit leadership in its report.

It is anticipated that parameters respecting the leadership structure of public health units will be further identified by the MOHLTC in its response to the CRC's report. Decisions regarding local public heath leadership structure may be deemed to be the responsibility of the newly elected boards of health.

The degree of integration of the health unit with the Regional Municipality of York and the role of the MOH will have significant implications for the current structure of the Health Services Department and for the Region.

4.1.6 Public Health Research and Knowledge Exchange

The CRC report fully supports the proposed direction to establish the Ontario Agency for Health Protection and Promotion. The report recommends that this agency should take a lead role in supporting the development of a province-wide public health research and knowledge exchange agenda with identified strategic directions, priorities and an implementation timeline.

As part of the development of new program standards (see section 4.1.2), new research and knowledge exchange standards should be created to support evidence-informed public health policies and practices. These program standards should require health units to incorporate knowledge and evidence from practice, including benchmarking, into planning and decision-making processes as part of a continuous quality improvement process.

It is recommended that public health units develop, enhance and strengthen in-house capacity and resources for research and knowledge exchange, including formal partnerships with colleges and universities, designation of an education coordinator in each health unit, and research and education internships.

4.1.7 Strategic Partnerships

Public health units should create and maintain strategic partnerships to develop mechanisms for joint planning, priority setting and partnerships, and for funding and implementing innovative projects.

Traditional partnerships (municipalities, boards of education, community organizations, health care providers, universities and colleges) should be enhanced to include other health units, primary health care, Local Health Integration Networks (LHINs), the Ontario Agency for Health Protection and Promotion, public health associations, professional colleges, and the Public Health Division of the MOHLTC.

4.2 Next Steps

The province must consider the report and provide comments. Timelines for this are unspecified. The CRC has left the implementation plan to the province to develop; however, there are clear priorities:

- Development of a provincial public health human resources strategy
- Adoption of a comprehensive performance management system for public health
- Adoption of a consistent, province-wide model of autonomous boards of health
- Increased provincial financial accountability with budgets approved by the province
- Amalgamations of specified health units
- Establishment of an after-hours on-call system and mutual aid agreements with neighbouring health units
- Development of province-wide research and knowledge exchange agenda
- Collaboration with primary health care initiatives and with the LHINs
- Strengthening government capacity to support the field and lead the implementation initiatives

Confirmation has been received from the MOHLTC that stakeholders will be welcomed to provide feedback as the government considers its response over the next few months.

A Chief Administrative Officer (CAO) Working Group is currently preparing a response to the CRC report for consideration by the Mayors and Regional Chairs of Ontario (MARCO). In addition, the Association of Municipalities of Ontario (AMO) has established a Public Health Task Force that is working to create a response on behalf of its members. These documents will be forwarded to Regional Council as they are received.

5. FINANCIAL IMPLICATIONS

There are no known financial implications associated with the CRC final report at this time. As details regarding the MOHLTC response to the report become available, financial implications will be better able to be determined.

6. LOCAL MUNICIPAL IMPACT

There are no immediate impacts on either upper or lower tier municipalities associated with the CRC report. However, the MOHLTC's response to the CRC's recommendations could have important implications for the delivery of public health programs and services in York Region in the future.

7. CONCLUSION

The Capacity Review Committee has released its final report and recommendations for the revitalization of public health in Ontario. It is now the role of the provincial government to respond to the report's recommendations and to develop an implementation plan. It is anticipated that a response from the Chief Medical Officer of Health will be received during the Fall 2006.

An invitation has been extended for stakeholders to provide their feedback regarding the report to the MOHLTC for consideration. AMO and MARCO are currently preparing responses on behalf of their members.

Implications to municipalities, specifically the Regional Municipality of York, cannot be fully determined at this time. However, it appears that the recommendations regarding governance, funding, the role of the Medical Officer of Health, and accountability, proposed by the Capacity Review Committee in its final report, will have the greatest impact.

The Senior Management Group has reviewed this report.