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IMPACT OF THE PUBLIC HEALTH CAPACITY REVIEW COMMITTEE REPORT ON YORK REGION

The Health and Emergency Medical Services Committee recommends the adoption of the recommendation contained in the following report, August 17, 2006, from the Commissioner of Community Services, Housing and Health Services:

1. RECOMMENDATION

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

2. PURPOSE

A report providing an overview of *Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee* was presented to the Health and Emergency Medical Services Committee (June 8, 2006) and Regional Council (June 22, 2006).

The purpose of this follow-up report is to address concerns arising from the report, to summarize the positions of affected associations, and to outline potential implications for the Regional Municipality of York.

3. BACKGROUND

Ontario's public health system has come under increasing scrutiny and challenge. A number of reports have identified significant weaknesses and recommended changes to strengthen the entire public health system. In June 2004, the Ontario government launched Operation Health Protection, a three-year action plan to revitalize the public health system. As part of this process, the Capacity Review Committee (CRC) was appointed to lead a review of the organization and the capacity of the province's local public health system.

In carrying out its mandate, the CRC 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 set out the Committee's vision and blueprint for the restructuring of the local public health system.

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. For a summary of these recommendations, refer to Clause No. 4 of Report No. 5 of the Health and Emergency Medical Services Committee, Regional Council Meeting of June 22, 2006.

Position papers have since been offered by the Association of Municipalities of Ontario (AMO), the Council of Ontario Medical Officers of Health (COMOH), the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA). These positions are summarized in this report.

It is important to recall that simultaneous to the restructuring of the public health system is the restructuring of the health care system at a local level, through the enactment of the *Local Health System Integration Act 2006.* York Region falls within the Central Local Health Integration Network (LHIN). Though public health is not within LHIN jurisdiction, Long Term Care is and, ultimately, Long Term Care will fall under their jurisdiction.

4. ANALYSIS AND OPTIONS

4.1 Key Areas of Focus

The CRC Report offers a comprehensive review of local public health capacity and the recommendations contained within it propose strategies to make the public health system more effective, accountable and locally responsive. There are, however, several recommendations that have implications for the Regional Municipality of York. Areas of particular focus are:

- Governance - Board of Health
- Medical Officer of Health (MOH)
- Integration
- Funding
- Accountability

4.1.1 Boards of Health

Boards of Health – Current Ontario Overview

Each health unit is governed by a board of health. York Region is one of ten health units in which Regional Council serves as the board of health. Of the 36 boards of health currently in Ontario:

- 25 are single or multi–municipal autonomous boards, administered by the MOH who reports to the local board of health.
- 10 boards of health are regional municipalities or single tier municipalities. In these cases, the Regional/Municipal Council acts as the board of health (Durham, Haldiman-Norfolk, Halton, Hamilton, Niagara, Ottawa, Oxford, Peel, Waterloo, and York).

- One board of health, the City of Toronto, has an autonomous advisory board reporting directly to Council.

Governance – Board of Health

The CRC final report recommends that public health units be governed by autonomous, locally-based boards of health. If this recommendation is implemented, in York Region this would result in:

- The current Board of Health (Regional Council) no longer having board of health and public health responsibilities.
- The removal of the public health portfolio from the Health and Emergency Medical Services Committee.
- Public health programs and services in York Region being governed by a new, locally-appointed, independent board of health, comprised of eight to fourteen members with 50% municipal appointees and 50% community representatives appointed by the board under the authority delegated from the province.
- The potential that the Chair of the new board might be a non-municipal representative. The process of how these appointments are to be made, or how the Chair of the new Board of Health would be selected, is not specified in the report.
- Regional Council possibly having a lesser voice in public health program and service decisions for York Region than in the current governance model.

Boards of Health – Amalgamations

The CRC report recommends eight amalgamations within the current 36 health units in Ontario. York Region, however, remains intact and unchanged, as do neighbouring health units in the GTA.

4.1.2 Medical Officer of Health (MOH)

The report recommends that the MOH reports directly to the autonomous, locally-based board of health as specified in the *Health Protection and Promotion Act.* The current reporting structure in York Region has the Acting MOH/Director of Public Health Programs reporting to the Commissioner of Community Services, Housing and Health Services, who in turn reports to the CAO.

MOH as CEO

The CRC report 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.

MOH/AMOH

The CRC report recommends that every health unit should have a full-time MOH and one or more Associate Medical Officer(s) of Health (AMOH). York Region has the positions of MOH and one AMOH currently in place.

4.1.3 Integration

Negotiation of the degree of integration of a public health unit with a municipality appears to be the role of the new board of health. The outcome of these negotiations could have significant impact on the operations of the public health unit, its employees and the Regional Municipality of York.

This integration may include, but not be limited to, arrangements regarding physical space, business services, human resources support, IT services, etc. The impact on York Region depends on the degree of integration negotiated.

Possible scenarios range from the health unit completely withdrawing from currently occupied facilities and creating independent support operations, to the health unit remaining in current facilities with leasing arrangements and negotiation of support services from the Region.

4.1.4 Funding

Current Funding Overview

The Public Health Division (PHD) of the Ministry of Health and Long-Term Care (MOHLTC) is responsible for compliance with the Mandatory Health Programs and Services Guidelines that are legislated under the *Health Protection and Promotion Act*. The PHD assists the current 36 local boards of health to implement the mandatory programs through the provision of professional, technical and financial resources. The MOHLTC currently provides 65% funding to health units, with some programs at 100% funding.

The current budget approval process has budgets determined and approved by Regional Council before being sent to the province for final approvals of MOHLTC-related funds.

Budget Approval Process

The CRC report recommends that public health units be globally funded, with budgets approved by the province within three-year rolling forecasts. For programs that are currently cost-shared, the funding formula should be 75% provincial and 25% municipal, consistent with the formula posed for 2007. Continued full funding of the current 100%-funded programs is also recommended. In York Region, this would result in:

- Regional Council possibly having a lesser voice in the public health budget approval process. Whatever the composition of the new board of health, under the recommended system, Regional Council would no longer have first approval of the recommended public health budget before it is sent to the province.
- Regional Council possibly having a lesser voice in determining the Region's cost-share portion. It is unclear whether respective municipalities will simply be informed of the cost of the 25% budget share following provincial approval and what, if any, mechanisms are in place if a municipality does not agree with the funding decisions.

4.1.5 Accountability

The CRC report recommends that the public health system adopt a new, comprehensive performance management system that links performance standards and measures to a monitoring and reporting system. These 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.

4.2 Position Statements of Related Associations

Position papers on the CRC report have been offered by the Association of Municipalities of Ontario (AMO), the Council of Ontario Medical Officers of Health (COMOH), the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA). These positions are summarized, below, with particular focus on areas of concern highlighted in this report.

4.2.1 Association of Municipalities of Ontario (AMO)

In August 2006, AMO released *AMO's Response to the Final Report of the Capacity Review Committee: Revitalizing Ontario's Public Health Capacity*. AMO's position and recommendations are highlighted, as follows:

- AMO does not support the recommendation that all public health units be governed by autonomous, locally based boards of health. AMO recommends:
  - that governance models that are working well continue to exist
  - that where models have been measured and demonstrated to be under-functioning, a remedy be negotiated, either that of an autonomous or integrated board of health, and
  - where autonomous boards of health continue to exist, AMO recommends that municipalities be permitted to appoint representatives to local boards of health

- AMO strongly believes that strong public health capacity hinges on adequate and stable funding and supports full, not cost shared, provincial funding for provincial programs. AMO's position remains that municipalities should not be funding programs that are a provincial responsibility from the local property tax base.

- In the absence of a full provincial upload of public health funding, AMO argues that municipalities must maintain their authority and ability to negotiate on issues and programs for which they are accountable for and funding.

- AMO rejects provincial approval of budgets and recommends that local boards of health determine local public health needs, pass budgets to meet them and forward them to the province for approval.

- AMO states firmly that if the Province undertakes consideration of the proposed amalgamations of health units, this should only occur in dialogue with municipalities.

- AMO insists that all new measures, functions and any additional administrative responsibilities arising from the CRC recommendations be 100% provincially funded, including all transition costs.

4.2.2 Council of Ontario Medical Officers of Health (COMOH)

In July 2006, COMOH released *Response of the Council of Ontario Medical Officers of Health (COMOH) to Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee*. The position of COMOH supports and echoes the CRC recommendations, with the following highlights:

- COMOH supports the move to autonomous boards of health and reiterates its position that municipally elected officials should be in the minority in the new model for boards of health, to reflect the reduced financial contribution from municipalities.

- COMOH supports local boards of health being able to decrease their level of integration with a municipality and would encourage the MOHLTC to require all units be administratively independent of municipalities but be able to engage them for the provision of particular services.

- COMOH will continue to examine the problematic elements of the current cost-shared funding model, especially those that might be obstacles to the effective implementation of other recommendations. COMOH will not rule out future consideration of the province as a single funding source.

- COMOH argues that the MOH must be the Chief Executive Officer of the local health unit, as directed under Section 67 of the *Health Promotion and Protection Act* and grounded in legislative and professional considerations.

- COMOH regrets that the final CRC report failed to address the on-going inequity of public health services in Aboriginal communities in Ontario. They urge provincial and federal cooperation to utilize the existing *Health Promotion and Protection Act* to forge mutually acceptable agreements between First Nations and local boards of health for the provision of public health services. York Region contains First Nations communities.

4.2.3 Association of Local Public Health Agencies (alPHa)

In July 2006, alPHa released the *Association of Local Public Health Agencies Response to Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee, May 2006.* Most of the CRC recommendations echo alPHa's position and reflect the specific advice that alPHa provided to the CRC through several opportunities for input, highlighted as follows:

- alPHa strongly agrees that the each of the 50 recommendations is interrelated and the effectiveness of each depends on the implementation of the others. Selective government action on the topic areas will do little to achieve the goals of public health system revitalization.

- alPHa members are divided on the move to autonomous, locally-based boards of health. Strong support for board of health autonomy comes from those boards that already are autonomous, whereas respondents from integrated boards of health are strongly in favour of maintaining integration with local political structures. The latter argue that removal of boards of health from these governance structures would marginalize them further, impede access to ancillary municipal resources and remove opportunities to influence political decisions from a public health perspective.

- alPHa is concerned that shifting the responsibility for budget approvals from the local level to the province may not solve current budget-related problems, including delayed timing in approvals of allocations and failure of the province to account for additional administrative costs in providing "100% provincially funded" programs.

- alPHa fully agrees that clear performance and accountability standards are needed, through a comprehensive and integrated organizational and programmatic performance management system. It is emphasized, however, that a "one-size-fits-all" approach will not work and that local boards of health must retain sufficient latitude and authority to enable them to respond to local health needs.

4.2.4 Ontario Public Health Association (OPHA)

On June 6, 2006, the President of the OPHA sent a position letter to the Minister of Health and Long-Term Care, fully supporting the CRC report recommendations, with the following priority:

- OPHA listed accountability and performance management as a priority, with the following elements: introduction of performance standards (with board standards as the first priority); commitment to mandatory accreditation for all health units; and designation of a quality and performance specialist at every health unit.

4.3 Next Steps

The province must consider the final CRC report, provide comments and develop an implementation plan. In the meantime, the MOHLTC continues to welcome feedback from stakeholders. It is anticipated that a response from the Chief Medical Officer of Health will be received during the Fall 2006.

The Minister of Health and Long-Term Care has indicated that any movement on the CRC report recommendations will likely take place no sooner than after the next provincial elections, scheduled for October 4, 2007.

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.

Implications to municipalities, specifically the Regional Municipality of York, cannot be fully determined at this time. The Region can support the majority of the CRC report recommendations, with further discussion required on areas of concern: governance/board of health, MOH, integration, funding and accountability. These areas in particular could have significant implications for York Region and the delivery of public health programs and services to residents.

The Senior Management Group has reviewed this report.