

Clause 10 in Report No. 2 of Committee of the Whole was adopted, without amendment, by the Council of The Regional Municipality of York at its meeting held on February 18, 2016.

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Ministry of Health and Long-Term Care Discussion Paper
Consultation Process

Committee of the Whole recommends adoption of the following recommendations contained in the report dated January 21, 2016 from the Medical Officer of Health and Commissioner of Community and Health Services:

1. Recommendations

It is recommended that:

1. The Regional Chair forward the questions and concerns raised in this report to the Minister of Health and Long-Term Care in response to the discussion paper, *Patients First: A Proposal to Strengthen Patient Centred Health Care in Ontario*.
2. The Regional Clerk circulate this report to the Association of Municipalities of Ontario, Association of Local Public Health Agencies and the Central Local Health Integrated Network for information.

2. Purpose

The purpose of this report is to inform the Board of Health regarding the *Patients First: A Proposal to Strengthen Patient Centred Health Care in Ontario* (Patients First), a discussion paper recently released by the Minister of Health and Long-Term Care.

It has been prepared for Council to carry out its legislative duties and responsibilities as the Board of Health under the *Health Protection and Promotion Act*.

3. Background

Patients First outlines a proposed plan to transform Ontario's health care system and invites feedback on the plan

On December 17, 2015, the Minister of the Health and Long-Term Care released a discussion paper outlining a proposed plan to transform Ontario's health care system by reducing gaps in the health care system and strengthening patient centre care. Patients First discusses proposals for consultation relating to the integration of local population and public health planning with other health services. It proposes linkages between LHINs and public health units.

In Patients First, the Minister of Health and Long-Term Care invites feedback and questions on the proposed plan.

Patients First focuses on four main proposals related to:

- More effective integration of service and greater equity
- Timely access to primary care
- Consistent and accessible home and community care
- Stronger links between public health and other health services

To integrate population health and establish stronger links between public health and other health services, Patients First proposes the LHINs and public health units build on existing collaborations, work more closely together to align work and ensure population and public health priorities inform health planning, funding and delivery. Patients First outlines the following support for this new formal relationship:

- The Ministry proposes a formal relationship between the Medical Officers of Health and each LHIN, empowering the Medical Officers of Health to work with LHIN leadership to plan population health services.
- The Ministry proposes to transfer the dedicated provincial funding for public health units to the LHINs for allocation to public health units. The LHINs would ensure that all transferred funds would be used for public health purposes.
- The LHINs would assume responsibility for the accountability agreements with public health units.
- Local boards of health would continue to set budgets.

- The respective boards of health, as well as land ambulance services, would continue to be managed at the municipal level.

In addition, Patients First states the Minister of Health and Long-Term Care would appoint an Expert Panel to advise on opportunities for partnership between LHINs and public health units to further improve public health capacity and delivery.

4. Analysis and Options

Patients First raises questions and concerns which require clarification

The following areas raise questions and concerns requiring clarification:

Lack of a formalized consultation process

There is no formalized consultation process for the proposed plan. The Patients First does not provide a deadline by which feedback can be provided to the Ministry on its proposal.

LHINs and public health unit boundaries

The jurisdiction of York Region Public Health falls within two different LHINs boundaries. As shown in Attachment 1, the majority of York Region resides in the Central LHIN which also includes portions of Simcoe Muskoka District Health Unit and Toronto Public Health Unit. Woodbridge resides in the Central West LHIN which also includes portions of Peel Regional Health Unit, Toronto Public Health Unit and Wellington-Dufferin-Guelph Health Unit.

Question regarding boundaries:

1. What would the proposed changes mean for funding allocations to public health when boundaries are not aligned?
2. What will the proposed changes in boundaries mean for municipal cost sharing?

Funding allocation

Clarification is needed regarding funding allocation.

Questions regarding funding allocation:

1. Will the Ministry of Health and Long-Term Care continue to allocate funding to public health units?
2. Will the LHINs be responsible for allocating funding between public health units?
3. Will the current funding formula established by the Ministry change?

Role of the Ministry of Health and Long-Term Care with accountability agreements

Ministry staff currently develop accountability agreements and indicators in consultation with public health units which involves significant resources at each level in the management of the agreements.

Questions regarding the Ministry's role with accountability agreements:

1. If the LHINs become responsible for the accountability agreements, what would the future role of the Ministry staff be?
2. Significant resources are utilized at each level of managing accountability agreements; will this proposal create a triplication of services between the Ministry, the LHINs and public health units?

Proposed new formal relationship between the Medical Officer of Health and the LHINs

Clarification is also required regarding the formalization of relationships between the Medical Officer of Health and the LHINs.

Concern raised regarding a new proposed formal relationship:

1. It is unknown for instance what formal reporting structures would be in the provincial proposal. Potentially the Medical Officer of Health could report to the Chief Medical Officer of Health, the Board of Health and the Board of the LHIN.

The Patients First discussion poses specific questions which York Region staff have reviewed and considered for discussion

The following questions are posed in the Patient First discussion paper:

1. How can public health be better integrated with the rest of the health system?
2. What connections does public health in your community already have?
3. What additional connections would be valuable?
4. What should the role of the Medical Officers of Health be in informing or influencing decisions across the health care system?

Public health can be better integrated with the rest of the health system

Public health units may be better integrated with the rest of the health care system including hospitals, physicians and other sectors of both the acute and community health care system by increasing the awareness of the breadth of programs and services provided by public health including the process in which evidence-informed decision making directs public health programming.

There is opportunity to focus on several areas to enhance Public Health integration within the health care system such as:

- The collection and use of local and provincial data on health risk factors that impact population health.
- Enhanced linkages to primary care organizations and existing community programs to promote public health unit programs and services.
- Fostering opportunities in the areas of chronic disease prevention for a LHIN wide strategy which links closely with primary care and health care agencies which fall under the LHIN mandate.
- Supporting advocacy for the built environment in promoting age friendly communities by involving senior's agencies, health care and municipalities in planning.
- Further integration of health systems in health emergency planning.

York Region Public Health is actively engaged in many community connections

York Region Public Health is actively engaged in many community connections through relationships with physicians, hospitals, midwives, local school boards, day care centres, other regional departments and colleagues, local municipalities and a wide variety of community organizations such as Welcome Centres and local businesses and food operators.

York Region Public Health has a unique structure in being part of the Region's Community and Health Services Department which allows for linkages and connections to other Regional departments and the local municipalities. These linkages and connections foster the collaboration of health, social and municipal policy development along with planning and advocacy for the health and well-being of all York Region residents. An example of such collaboration includes the Council endorsed Regional Smoking Bylaw which supported the creation of the provincial *Smoke Free Ontario Act*. Changes to the current York Region Public Health structure would raise concerns about the ability to actively collaborate in this way.

Depending upon the degree of alignment between public health and the LHINs and how the new formalized relationship is managed there may be challenges to public health partnering with stakeholders within the Region.

Access to primary care physicians as part of the LHIN would be valuable

In addition to the strong existing connections, access to primary care physicians as part of the LHIN would be of value. This would allow for a larger reach in numbers and influence to existing committees and working groups. Additional connections to acute care facilities including hospitals and physicians would ensure families receive key messages related to the Baby Friendly Initiative, for instance. It would also ensure that physicians and primary care professionals in the community are aligned with Public Health messaging and are evidence-based. Stronger connections with primary care professionals would also ensure health promotion messages are communicated consistently and clearly in areas pertaining to health risk factors such as air quality, extreme heat and the built environment.

In addition, these types of connections would encourage increased health promotion and prevention strategies at the population level and increase accountability between acute care and primary prevention initiatives.

The role of Medical Officers of Health may contribute in informing or influencing decisions across the health care system

The Medical Officer of Health may contribute to setting strategic direction in health promotion, prevention and promoting health equity across all areas of patient care. This enhanced role would contribute to an increased understanding of the social determinants of health from a population health perspective. In addition the Medical Officer of Health role should foster positive changes in community and population health through an upstream approach in providing guidance in the area of advocacy and policy development for community and population health.

Link to key Council-approved plans

This report directly contributes to supporting the *2015-2019 Strategic Plan* objectives to “support community and well-being” and “protecting public health”. It also contributes to the *Vision 2051* goals for York Region to be “A Place Where Everyone Can Thrive” and “Open and Responsive Governance”.

5. Financial Implications

The 2016 approved operating budget for Public Health programs funded by Ministry of Health and Long Term Care and Ministry of Children and Youth Services is \$69.9 million gross, and \$22.1 million net tax levy contribution. Since 2011, the actual proportion of Public Health costs that have been funded by the Province has decreased from 77% in 2011 to 73% in 2014 despite increased funding amounts. The provincial funding for Public Health programs has increased by \$5.0 million (11.5%) since 2011, from \$39.6 million to \$44.5 in 2015. Public health costs have increased at a higher rate than funding has increased, thereby reducing the percent funded.

Expenditures are managed within York Region Public Health’s annual approved operating budget. The proposed plan could result in potential changes to current funding formulas or allocation of funding to public health units. Given the current Regional boundaries are not aligned within one LHIN, it is unclear if funding equity would be maintained across the whole Region. In addition, it is unclear if administration costs would increase due to the potential for the multi-layering of funding allocation between the Ministry of Health and each LHIN or how funding might be managed for programs which receive funding from the Ministry of Children and Youth Services.

6. Local Municipal Impact

York Region Public Health delivers effective evidence-based programs and services to residents ensuring the Region and its local municipalities are offered high quality public health programming that meets local and regional needs. Potential changes to funding formulas, changes to the allocation of funding for public health and the complexities of multiple LHIN boundaries may potentially impact the delivery and equity of current programs and services for the residents of York Region.

7. Conclusion

York Region Public Health is committed to the health and well-being of York Region residents through the provision of equitable and evidence based programs and services. Providing consultation feedback on the discussion paper supports York Region Public Health's commitment to professional collaboration with the Ministry of Health, the LHIN and the health care system.

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health at ext. 74012.

The Senior Management Group has reviewed this report.

January 22, 2016

Attachment (1)

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Accessible formats or communication supports are available upon request

