

Bill 210, the long-anticipated legislation related to the proposals for health system reform that were laid out in the Patients First Discussion Paper was introduced for first reading in the Ontario Legislature on June 2 2016.

In his introduction of Bill 210, The Minister of Health and Long-Term Care [stated](#) that “this bill would make amendments to the Local Health System Integration Act, 2006, and various other acts to expand the mandate of local health integration networks to make LHINs accountable for primary care planning, responsible for the management and delivery of home care, and formalize linkages between LHINs and public health units”. The related [Ontario News Release](#) includes a reference to “ensuring that public health has a voice in health system planning” as part of those formalized linkages.

Most of the legislative changes would be made to the Local Health System Integration Act, with a view to authorizing the expanded service roles of the LHINs (mainly those that currently reside with Community Care Access Centres) and the enhanced planning and coordination functions that were described in the Patients First discussion paper.

There are amendments to both the Health Protection and Promotion Act and the LHIN Act that formalize relationships between LHINs and Medical Officers of Health as well as Boards of Health. These changes do not include a transfer of public health funding and accountability agreements to the LHINs from the MOHLTC, as originally proposed in the discussion paper.

alPHa is pleased to provide its members with this overview of the changes most relevant to their interests.

EXCERPTS FROM THE BILL 210 EXPLANATORY NOTE OF INTEREST TO PUBLIC HEALTH (*alPHa editorial notes in italics*)

- The Bill amends the Local Health System Integration Act, 2006 and makes related amendments to several other Acts. (*Most of the amendments to other Acts are simply the removal of references to CCACs. Two changes to the HPPA are described below*).
- The Lieutenant Governor in Council is given the power to change the geographic area of local health integration networks by regulation. (*It is alPHa’s understanding that the Ministry appreciates the difficulties with the current misalignment between LHIN and PHU boundaries and intends to address them*).
- Local health integration networks are required to establish geographic sub-regions in their local health system for the purposes of planning, funding and service integration. They must develop strategic directions and plans for these sub-regions in their integrated health service plan. (*This is included simply with reference to their potential bearing on the intended relationships with medical officers and boards of health*)

- Local health integration networks are given the ability to provide funding to health service providers in respect of services provided in or for the geographic area of another network. (*see note below*)
- New procedures and requirements are provided for service accountability agreements. The provision about local health integration networks not being allowed to enter into agreements or other arrangements that restrict or prevent an individual from receiving services based on the geographic area in which the individual resides is re-enacted in a new section. (*This and the point above are included here to highlight the fact that the Patients First discussion paper suggested that public health funding and accountability agreements would be transferred to LHINs from the MOHLTC. This was a major concern for alPha’s members and we are pleased that the Patients First Act does not follow through on this change. Boards of health are not identified as “health service providers”, the entities to which these and other changes to LHIN authority will apply*).
- Health Protection and Promotion Act: Medical officers of health are required to engage with their local health integration networks. The Chief Medical Officer of Health is given the power to issue directives to local health integration networks, rather than CCACs. (*Details of the changes are presented in a table in the next section*).

EXCERPTS FROM THE TEXT OF BILL 210 OF INTEREST TO PUBLIC HEALTH

1. (1) Subsection 2 (1) of the *Local Health System Integration Act, 2006* is amended by adding the following definition:

“medical officer of health” has the same meaning as in the *Health Protection and Promotion Act*; (“médecin-hygiéniste”)

4. (2) Section 5 (“The objects of a local health integration network are to plan, fund and integrate the local health system to achieve the purpose of this Act, including”), of the Act is amended by adding the following clause:

(e.1) to promote health equity, reduce health disparities and inequities, and respect the diversity of communities in the planning, design, delivery and evaluation of services;

9. Section 10 of the Act is amended by adding the following subsection:

Medical officer of health engagement

(3.1) A local health integration network shall ensure that its chief executive officer engages with each medical officer of health for any health unit located in whole or in part within the geographic area of the network, or with the medical officer of health’s delegate, on an ongoing basis on issues related to local health system planning, funding and service delivery.

13. (2) Section 15 of the Act is amended by adding the following subsection:

Consultations

(4) A local health integration network shall engage and seek advice from each board of health for any health unit located in whole or in part within the geographic area of the network in developing its integrated health service plan.

39. Health Protection and Promotion Act is amended (the current sections of the HPPA are provided for your reference).

HPPA Section 67 Current	HPPA Section 67 Amended with the addition of the following subsections
<p>67. (1) The medical officer of health of a board of health reports directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act. 1997, c. 30, Sched. D, s. 7 (1).</p> <p>Direction of staff</p> <p>(2) The employees of and the persons whose services are engaged by a board of health are subject to the direction of and are responsible to the medical officer of health of the board if their duties relate to the delivery of public health programs or services under this or any other Act. R.S.O. 1990, c. H.7, s. 67 (2); 1997, c. 30, Sched. D, s. 7 (2).</p> <p>Management</p> <p>(3) The medical officer of health of a board of health is responsible to the board for the management of the public health programs and services under this or any other Act. 1997, c. 30, Sched. D, s. 7 (3).</p> <p>Area of authority</p> <p>(4) The authority of the medical officer of health of a board of health under this Act and the regulations is limited to the health unit served by the board of health. R.S.O. 1990, c. H.7, s. 67 (4).</p>	<p>Engagement with LHIN</p> <p>(5) The medical officer of health of a board of health shall engage on issues relating to local health system planning, funding and service delivery with the chief executive officer or chief executive officers of the local health integration network or networks whose geographic area or areas cover the health unit served by the board of health.</p> <p>Delegation</p> <p>(6) A medical officer of health may only delegate his or her responsibilities under subsection (5) to another medical officer of health for a health unit within the relevant local health integration network, with the agreement of that other medical officer of health.</p>
HPPA Section 77.7 (6) Current	HPPA Section 77.7 (6) Amended
<p>“health care provider or health care entity” means:</p> <p>2. A service provider within the meaning of</p>	<p>“health care provider or health care entity” means:</p> <p>2. A service provider within the meaning of</p>

<p>the <i>Long-Term Care Act, 1994</i> who provides a community service to which that Act applies.</p> <p>3. A community care access corporation within the meaning of the <i>Community Care Access Corporations Act, 2001</i>.</p> <p>5. A pharmacy within the meaning of Part VI of the <i>Drug and Pharmacies Regulation Act</i>.</p>	<p>the <i>Home Care and Community Services Act, 1994</i> who provides a community service to which that Act applies.</p> <p>Paragraph 3 of the definition of “health care provider or health care entity” in subsection 77.7 (6) of the Act is repealed.</p> <p>(4) Paragraph 5 of the definition of “health care provider or health care entity” in subsection 77.7 (6) of the Act is repealed and the following substituted:</p> <p>5. A pharmacy within the meaning of the <i>Drug and Pharmacies Regulation Act</i>.</p> <p>(5) The definition of “health care provider or health care entity” in subsection 77.7 (6) of the Act is amended by adding the following paragraph:</p> <p>9.1 A local health integration network within the meaning of the <i>Local Health System Integration Act, 2006</i>.</p>
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OTHER INFORMATION

- Ontario News Release: <http://bit.ly/1UxCciA>
- Full text of Bill 210: <http://bit.ly/1TSTUAg>
- alPHA News Release: Attached
- Summary of Related alPHA Correspondence: Attached

Members should be aware that alPHA has been very active on this since the Patients First discussion paper was released in December of 2015. It has been the major point of discussion for the alPHA Board and its Committees (including the Boards of Health and COMOH Sections), with internal meetings dedicated to responses and scenario planning as well as external ones with partners at all levels of the Ministry of Health and Long-Term Care. alPHA will remain active on behalf of its members as the specifics of the formalized relationship between LHINs and Local Public Health are developed.

We hope that you find this information useful.

NEWS RELEASE

June 2, 2016

For Immediate Release

Minister Affirms the Importance of Public Health to the Health of Ontarians and the Sustainability of the Health Care System

TORONTO – Today, the Ontario government introduced the *Patients First Act*. The proposed legislation calls on the Local Health Integration Networks (LHINs) to work more closely with local public health units. The expected outcome would be a health care system that better meets patients' needs. More importantly, the outcome would be a health care system that better prevents people from becoming patients in the first place.

"The Association of Local Public Health Agencies (alPHA) applauds this initiative to reorient the health care system toward disease prevention and health promotion," says alPHA President, Dr. Valerie Jaeger. "Along with our health care colleagues, we are strong advocates for health and we know that an effective health care system contributes to the health of individuals and communities. We are pleased at the opportunity and the health dividends that the *Patients First Act* represents."

However, alPHA also recognizes that these proposals only encompass one of the five pillars in the Ottawa Charter for Health Promotion. Introduced by the World Health Organization (WHO) 30 years ago, the Charter maps out five strategies or pillars to keep individuals and communities healthy: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and finally, reorienting health care services so that opportunities for disease prevention are acted on. This last pillar is a focus of the public health-related proposals in the *Patients First Act*.

The landmark, internationally acclaimed Charter has guided public health practice around the world. It also put Canada on the map as a global leader, not only for its illness care system, but also for its public health system—tackling the underlying conditions that keep people healthy.

alPHA's Past President, Dr. Penny Sutcliffe emphasized that, "Health, of course, is about much more than access to health care. An accessible, quality health care system is an essential but insufficient ingredient in creating opportunities for health for all. Working on the other four Charter pillars is critical if Ontarians are to be the healthiest they can be and if the health care system is to be sustainable." Dr. Sutcliffe added, "This is what local public health units do every day in collaboration with many community partners. The health opportunities presented by the *Patients First Act* will not be realized if its implementation means an erosion of the capacity of Ontario's local public health system to work on all pillars of the Ottawa Charter."

alPHA wholeheartedly supports measures that will improve the health care system. We are also committed to comprehensive public health action – action which a recent report by the Institute for

Clinical Evaluative Sciences (ICES) estimates has saved the Ontario health care system almost \$5 billion in the last 10 years.

These are the health dividends of an effective public health system – dividends that can then be reinvested in all the things that really matter to health – education, transportation, child care, municipal infrastructure, drinking water, reconciliation with Indigenous communities, housing, food security, jobs, family supports, and more – so that all Ontarians can live healthier and be ill less frequently, while knowing that a more accessible and patient-centred quality health care system is there for us when we need it.

About alPHa

The Association of Local Public Health Agencies (alPHa) is a non-profit organization that provides leadership to Ontario’s boards of health and local public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians.

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For more information regarding this news release, please contact:

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SUMMARY OF aPHa CORRESPONDENCE RELATED TO PATIENTS FIRST (most to least recent)

[aPHa News Release - Patients First Act](#)

June 2 2016 aPHa News Release following the introduction of Bill 210, the Patients First Act.

[aPHa Brief - Patients First Response](#)

April 29 2016 - single-page summary of aPHa's response to the Patients First discussion paper, distributed to members for use during meetings with MPPs and other local advocacy activities.

[aPHa Letter - Patients First](#)

April 28 2016 aPHa letter to the Minister of Health and Long-Term Care that responds to his April 20 memo to Boards and MOHs regarding health system transformation, noting its omission of any specific reference or response to aPHa's February 28 recommendations on the Patients First discussion paper.

[MOHLTC Memo - Patients First](#)

April 20 2016 memo from the Minister of Health and Long-Term Care to aPHa's members regarding his vision for public health's role in the Patients First health care system transformation plan.

[aPHa Letter - Patients First Expert Panel](#)

March 4 2016 aPHa letter responding to the Patients First Discussion Paper proposal to establish an Expert Panel to advise on deepening and formalizing linkages between LHINs and Public Health Units. Includes a recommendation to include the current aPHa President as a member.

[aPHa Letter - Thanks to Deputy Minister](#)

March 2 2016 letter from the aPHa President thanking Deputy Minister Bob Bell for joining the February 25th Section meetings for dialogue with our members.

[aPHa Letter - Thanks to Deputy Minister](#)

March 2 2016 letter from the aPHa President thanking Deputy Minister Bob Bell for joining the February 25th Section meetings for dialogue with our members.

[aPHa Letter - Patients First Response](#)

February 29 2016 aPHa response to the Ministry of Health and Long-Term Care discussion paper, "Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario".

[MOHLTC Letter - Health System Discussion Paper](#)

December 17 letter to the aPHa President from the Minister of Health and Long-Term Care inviting input to the engagement processes related to the just-released Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario discussion paper.

[aPHa News Release - MOHLTC Discussion Paper](#)

December 17 aPHa News Release congratulating the Minister of Health on the release of his proposed vision for the health system in Ontario (Patients First - A Proposal to Strengthen Patient Centred Health Care in Ontario).