**Appendix A to Report No. 053-17**

# Response to Report of Minister's Expert Panel on Public Health

## Patients First: Strong Goals

The goals of Patients First: Action Plan for Health Care are laudable. Integration, equity, timely access, consistency and inclusion of Indigenous voices are goals that all healthcare and broader health system partners ought to share. In addition, there are important issues that need to be addressed to strengthen local public health in Ontario.

Further, there has been excellent work that is linked to the Patients First agenda in terms of revising public health program standards in Ontario. The proposed Ontario Standards for Public Health Programs and Services (OSPHPS) have the potential to raise the bar for public health unit performance and accountability.

Several issues are identified below. If the recommendations of the Expert Panel are implemented without revisions, they risk causing substantial harm to the public health system in Ontario. The issues below deserve further consideration before any decision is made about implementation.

## Issue: Scale of Governance

There are some excellent recommendations related to governance in the Expert Panel report. For example, those that strengthen the composition of Boards by ensuring appropriate competencies and representation have the potential to improve public health governance across Ontario.

However, the recommended scale of governance raises deep concerns. While the Expert Panel does recommend locating public health services in local sub-LHIN regions, leadership and decision-making authority for organizational policy would rest at the scale of the LHINs.

Currently, the Medical Officer of Health, as the recognized leader of a public health unit, has the ability to connect with the community that he or she serves in a meaningful way. The leadership and decision-making authority that would be moved to a regional level are exactly the ingredients that allow for both successful partnership and adaptation to local needs. Such a change would substantially reduce the ability for local public health to build strong partnerships and meet communities' needs.

The boundary changes recommended by the Expert Panel would, in some cases, force public health agencies to serve regions with highly diverse needs under one policy regime, and, in other cases, divide

unified communities using boundaries that relate to healthcare referral patterns but do not correspond to health needs.

As a concrete example, the work currently being done by public health units to develop comprehensive responses to the Opioid Crisis is, quite appropriately, taking different forms in different parts of Ontario. In London, where there is a high concentration of people who inject drugs, supervised consumption facilities are being considered, and emergencies shelters are a primary site for distribution of naloxone kits. Conversely, other areas of this LHIN have, out of necessity, taken a much more distributed approach to harm reduction programing.

The change to the LHIN-wide Board of Health presents risks to a Board's ability to assist in adjusting to local needs, particularly in areas such as Southwest LHIN. Public health units rely on Board of Health members to help understand their communities' values, to build relationships with key partners, and to identify emerging issues. The Expert Panel's recommendations would reduce representation from most communities a one single member on a board of 12–15 people, making it much more difficult to remain in tune with communities.

## Issue: Responsibility Without Authority

Matrix management, although useful in specific stages of product engineering, is generally fraught with challenges. For example, accountability and role clarity are substantially diminished.

Separating the Medical Officer of Health (MOH) and CEO roles into matrix management relationships with Boards of Health, as proposed by the Expert Panel, would eliminate the independence of the MOH and weaken their voice, even if MOHs retain the ability on paper to report to the Board of Health on certain matters. This would be a major loss in terms of the public's access to the unbiased public health advice that MOHs currently provide.

For the Medical Officer of Health, the proposed structure would represent "Responsibility Without Authority," which is described by some management experts as the single worst management strategy: generally ineffective and demoralizing for the employee.

## Issue: Integration with Healthcare

Many public health units across Ontario are well connected with local healthcare agencies and providers. Examples in Middlesex-London include:

- The HIV Leadership Table, in which partners from public health, local hospitals, primary care and harm reduction are collaborating to address the HIV outbreak in London;
- The Healthcare Provider Outreach Program, in which public health nurses conduct door-to-door outreach with hundreds of primary care providers each year; and
- The Community Health Collaborative, which brings together anchor agencies across London and Middlesex to share data and analysis capability to provide a comprehensive view of health and

social indicators and ensure that health and social services are matched to the needs of neighbourhoods and communities.

Most healthcare agencies operate on a scale that is more closely aligned with the municipal boundaries that public health unit currently use, rather than with the LHIN-wide boundaries proposed by the Expert Panel. Moving to LHIN-wide Boards of Health would reduce the ability of public health to integrate with local healthcare partners. With the exception of the CCAC functions now being managed by the LHINs, there are very few region-level healthcare delivery agencies with which public health could integrate.

## Issue: Costs

The Expert Panel's recommendations are a concern from both short-term and long-term cost perspectives. In the short-term perspective, the massive change management issues would require resourcing, and severance costs would likely be substantial. The change management issues at play, including the increasing risk of change fatigue, deserve special attention given the substantial changes that will be required to implement the new OSPHPS.

In the long-term perspective, the cost savings noted in the Expert Panel report are unlikely to materialize. The harmonization of union contracts across regions would likely increase overall costs by tens of millions of dollars annually. These costs are in part related to the fact that in general, the largest public health units in Ontario have the lowest pay rates. This is particularly true for nurses, who represent roughly half of the more than 8,000 local public health workers in Ontario. As an example, in LHIN 2, the largest public health unit pays nurses at a rate that is around the 50$^{th}$ percentile for health units, and a rate that is comparable with other similar health units, but this is the lowest hourly rate for nurses in health units the LHIN 2 region.

With a new level of senior management at the regional level and preservation of operations at the local level, the expert panel recommendations appear to create a new layer of management. Increased compensation required for management roles within more complex organizations would be an additional ongoing expense.

Another major cost issue is how to handle the roughly 25% of local public health budgets currently funded from municipal levies. Moving to a LHIN-wide governance model, where municipalities have far less input into public health decision-making, would imply uploading roughly $200 million to the provincial budget.

## Issue: History of Collaboration

Public health has a long history of collaboration with municipalities. Some would argue that public health work, from the time of Dr. John Snow to the present, has been possible only by building upon insights and relationships that are inherently local.

The relationship between the City of London and the Middlesex-London Health Unit stretches back to 1885, when the first permanent Board of Health was established. Examples of successful collaboration are numerous. Recent examples include:

- Joint City and Health Unit leadership to establish a Child and Youth Network in London;
- A successful joint application to the Healthy Kids Community Challenge to promote healthy eating and physical activity;
- Collaboration to develop London for All, a comprehensive plan to address poverty in London; and
- A successful joint application to the Local Poverty Reduction Fund to bring the Nurse-Family Partnership, the worldwide gold-standard home-visiting outreach program, to Middlesex-London and three other Ontario public health units.

These successes were possible because of longstanding relationships and because of the similar scale of the City and Health Unit geography. Severing these relationships between municipalities and public health units by removing local leadership and decision-making would diminish the effectiveness of public health to meet the needs of Ontario communities.

# In Summary: Opportunity for Deep Consultation

In the existing public health system, there are issues that need to be address. However, the recommendations of the Expert Panel would only partially achieve the goals of Patients First, and would weaken the public health system. In addition, the recommendations reduce local integration and municipal autonomy, and are likely to increase both short-term and long-term costs.

Alternatives exist that would go further toward achieving the Patients First objectives without the negative impacts that the Expert Panel's recommendations would entail. The challenges that have been faced in certain health units could be better addressed with the sort of targeted approach that has been successful in the child welfare sector. Recommendations of the Public Health Capacity Review Committee (2006) were developed in a robust way that included deeper consultation, and would largely address the issues identified here, and then some. Those outlined in the draft Report Back from the Public Health Work Stream, part of the Patients First initiative, would also achieve many of the needed changes without negatively the public health system.

Now is the time for deep consultation with municipalities, Boards of Health and others who would be affected by the Expert Panel's recommendations. The goals of Patients First are too important to rush. Reasonable alternatives should be carefully considered in order to avoid making changes that bring greater harm than they do benefit.