

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 May 16

PROVINCIAL ANNOUNCEMENT OF REGIONAL PUBLIC HEALTH ENTITIES

Recommendation

It is recommended that the Board of Health Receive Report No. 044-19 re: “Provincial Announcement of Regional Public Health Entities” for information.

Key Points

- On May 10th, the Ministry of Health and Long-Term Care released the proposed regional public health entity boundaries.
- The proposal would amalgamate the following five (5) Health Units; Middlesex-London, Southwestern, Lambton, Chatham-Kent and Windsor-Essex.
- The government will be providing opportunities for Boards of Health and Municipalities to provide input over the coming months with the expectation that new legislation confirming the regional boundaries will be introduced in the fall.
- The cost-sharing arrangements between the provincial government and the municipalities for the new public health entity will be adjusted to 70/30 in the 2019-2020 and the 2020/2021 fiscal years and then to 60/40 in the 2021/2022 fiscal year, as dictated by the population of the region.
- The Ministry has indicated that one-time funding may be available from the province to bridge the increase to the municipal contribution in the 2019/2020 fiscal year.

Proposed Regional Boundaries

Per the objectives outlined in the provincial budget, the Ministry of Health and Long-Term Care (“MOHLTC”) announced on May 10th the proposed boundaries for the 10 regional public health entities that would replace Ontario's current 35 health units. It was also announced that it is expected these regional entities will be in place by April 1, 2020.

The newly proposed boundaries attached as Appendices [A](#) and [B](#), would see Middlesex-London Health Unit (“MLHU”) amalgamate with the Southwestern, Lambton, Chatham-Kent and Windsor-Essex Health Units. The estimated population of this regional entity would be 1.3M.

Amendment to Cost-sharing Arrangements

The budget proposed reducing total provincial funding for public health by \$200 million over the next two to three years. It is expected that regional savings through administrative efficiencies will account for 10% of this amount. The Ministry has indicated these efficiencies will be achieved through the centralization of leadership, streamlining of back-office functions and IT purchased services as well as through the move to digital health at the regional level. These savings are expected to be achieved by 2021.

The cost-sharing arrangements between the provincial government and the municipalities for MLHU will be adjusted to 70/30 in the 2019-2020 and 2020/2021 fiscal years and will then change to a 60/40 cost-share in the 2021/2022 fiscal year.

For planning purposes, the Ministry has informed MLHU that the provincial allocation will be made using the third quarter (Q3) Standards and Reporting Template (SAR). While the province's numbers are not yet confirmed, MLHU has been provided with rough estimates for this year which we have shared with our municipal partners. The Ministry has indicated that one-time funding may be available from the province to bridge the increase to the municipal contribution in the 2019/2020 fiscal year.

Conclusion

The government has committed to soliciting input on the regional boundaries through consultations with boards and municipalities over the coming months. It is the government's intention to bring new legislation confirming the boundaries to provincial parliament in the Fall. At this point in time MLHU does not have further information on when or how those consultations will take place.

The provincial allocation is subject to approval by the Minister and MLHU will be notified of the actual funding via letters from the Minister and the Chief Medical Officer of Health as per the usual process. Once received, a report will be brought to the Board of Health through the Finance & Facilities Committee for further discussion and decisions regarding the funding of the changed allocations.

This report was prepared by the Healthy Organization Division.



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