MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 116-12

TO: Chair and Members of the Board of Health

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CITY OF LONDON AND MIDDLESEX COUNTY EXPLORATION OF OPTIONS FOR MUNICIPAL ADMINISTRATION OF PUBLIC HEALTH

Recommendation

It is recommended that Report No. 116-12 re City Of London and Middlesex County Exploration of Options for Municipal Administration of Public Health be received for information.

Background

On May 30, 2012 , a letter was sent from the Mayor of the City of London and the Warden of the Middlesex County regarding the process for the County and City to implement a model for municipal administration of the Health Unit (see Appendix A). On June 29, 2012, a response was received from the Honourable Deb Matthews which was copied to the Health Unit. This response indicated that "The City of London and County of Middlesex do not have the authority to implement a new administrative model for the delivery of public health programs and services. These matters are managed by the local Board of Health" (see Appendix B). On September 11, 2012, a presentation regarding a new administrative model was made to County Council by Mr. Bill Rayburn, Chief Administrative Officer for Middlesex County (attached as Appendix C).

This Report provides background information to assist in considering the information and implications of the communications referred to above. In addition, it provides a preliminary list of factors to consider regarding a municipally administrated model.

Number of Health Units Administered by Municipalities

Although the May 30, 2012 letter indicates that the majority of Public Health Units are administered by municipalities, provincial information indicates that only 14 of 36 health units (39%) have these types of administrative arrangements. Appendix D provides additional details.

Although there is no preferred administrative model articulated for public health, the Capacity Review Committee in 2006 articulates a preferred governance model. The report indicated that public health should be governed by local autonomous Boards of Health http://www.health.gov.on.ca/en/common/ministry/publications/reports/capacity_review06/capacity_review06.pdf (page 5). It should be noted that most local autonomous Boards have their own internal health unit administrative structures.

Implications and Considerations Regarding Municipal Administration of Public Health

In assessing municipal administration of public health, the capacity to achieve cost savings and the implications on the Health Unit's programs, services and governance will need to be considered. Some preliminary considerations are outlined below.

a) Capacity:

From a staffing perspective, there will only be cost savings in a municipally administered structure if at least one of the current structures has extra capacity (i.e. is not being utilized to its fullest or could accommodate additional work within its existing structure). If this is not the case, any cost savings would be minimal as the same number of staff will need to be employed.

Health Unit staff members work to their maximum capacity. In many managerial positions, they work numerous overtime hours with no additional pay. Therefore, any municipality seeking to take on administrative functions for the Health Unit would need to have the extra capacity to accommodate this volume of work.

b) Director-level positions:

It is possible that under a municipally administered model, the Director-level positions may be considered redundant and a possible source of savings. For the Health Unit, this would not be the case, as each Director's position has a significant service component to their job (e.g., Information Technology in supporting specific Ministry and local technology requirements; Finance in preparing and monitoring the budgets; Human Resources in contract negotiations, policy development, and ensuring compliance with the Accessibility for Ontarians with Disability Act (AODA)). As well, all these individuals provide leadership directly to their staff and lead strategic initiatives in their areas and for the Health Unit as a whole.

c) Implications for services:

Municipal administration of public health would need to be closely assessed with regard to its impact on services. If this model did not provide the same levels of service as currently exists, then client services could be impacted. For example, if computer problems are rectified in a less timely manner, then clients may not receive the necessary service; if staff members are recruited in a less timely manner, then service provision will be delayed.

The Health Unit is regularly required to respond to urgent situations that may require evening, night time and weekend work (e.g., communicable disease outbreaks, boil water advisories etc.). The infrastructure to support the response to these situations must be readily available and flexible as there are often rapidly evolving needs.

d) Confidentiality of personal health information:

The Health Unit is responsible for significant amounts of personal health information that is held in electronic databases. The Medical Officer of Health is the Health Information Custodian for personal health information and is responsible to ensure the information is handled in an appropriate and secure manner. Under a municipally administered model, the Medical Officer of Health must retain control over the policy decisions related to personal health information.

As you may be aware, during the H1N1 Pandemic in 2009, a memory stick used to store immunization information was not encrypted by an employee of the Regional Municipality of Durham (which provided information technology services for the Durham Health Department). When this stick was lost, there were

huge implications for the Health Department, including an order by the Information & Privacy Commissioner. http://www.ipc.on.ca/images/Findings/ho-007.pdf

e) Implications for governance:

Municipal administration of public health could have significant implications for the Board of Health. The Board of Health would remain accountable for both the programs and services and the administration of the Health Unit. However, under a municipally administered model, the Board would delegate these responsibilities to two different individuals (e.g., the Medical Officer of Health for programs and services, and the Chief Administrative Officer of the municipal government structure for administration). This would make the functioning of the Board of Health more complex. In addition, the Board of Health may have limited authority over the Chief Administrative Officer, whose main reporting relationship would be within the municipal government structure.

f) Experience:

The organization intending to take on the administrative functions on behalf of a health unit would need the experience and established track record of providing these services via contractual arrangements to an organization of similar size and scope. The Health Unit has specially developed Ministry of Health and Long Term Care electronic databases. As well, there are numerous budgetary processes and reporting responsibilities from local agencies, several provincial ministries and the federal government. Individuals with knowledge in these areas would likely not be available within the organization providing the administrative services.

g) Relationships:

Shared administrative models are very dependent on strong relationships between the senior administrative staff members and senior program staff, and similarly between the Board of Health and the Council of the administration providing the services. If these relationships are not optimal or do not put public health as a high priority, the functioning of the health unit could be significantly compromised.

Conclusion

Numerous factors require consideration when assessing municipal administration of public health. If such a model was to be considered, any potential efficiencies will need to be carefully assessed along with the implications on programs, services and governance of the Health Unit.

This Report was prepared by Dr. Bryna Warshawsky, Associate Medical Officer of Health and Director, Oral Health, Communicable Disease and Sexual Health Services with the assistance of the Health Unit's Directors' Committee.

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