

**BOARD OF HEALTH**

**Briefing Note April 18, 2019**

**2019 Ontario Government Budget:**

**Changes for Public Health Governance and Organization**

**SUMMARY**

The Leeds, Grenville and Lanark District Health Unit provides high quality public health programs and services in collaboration with local partners, including municipalities, to promote and protect health of the population. The Board of Health includes all obligated municipalities who provide funding to the Health Unit, and this relationship extends to working with municipalities on important public health concerns. The current grant from the provincial government is insufficient to respond to all the requirements in the Ontario Public Health Standards and Accountability Framework.

The 2019 Ontario Budget includes significant new direction for public health in governance, organization, and funding which could have a major impact on public health programs and services in the community with an associated impact on the population's health.

**RECOMMENDATIONS:**

1. That the Board of Health send a letter to Minister Christine Elliott (with a copy to the two MPP's of our region) outlining the concerns of the Board.
  - a. Consultation with Public Health Ontario, alpha, the Council of Medical Officers of Health, and other experts in the field should be undertaken before the Regional Public Health Entity is implemented.
  - b. If the proposed Regional Public Health Entity is implemented, then it must include the following principles.
    - No loss of service to our community - All current employees providing programs and services under the Foundational and Program Standards as listed in the 2019 Annual Service Plan continue to be funded within the Regional Public Health Entity to provide service in Lanark, Leeds, and Grenville.
    - Meaningful involvement in planning – The needs and assets of the Lanark, Leeds and Grenville communities are considered in the planning of any public health programs and services for the community.

- Equitable access to positions - All Management and Administrative positions in the new Regional Public Health Entity must be open to all our current employees through a competition process.
  - Effective “back office” support – All services included in the “back office” support provided by the Regional Public Health Entity be at the same quality or better than currently exist in the Health Unit.
  - Appropriate municipal role in governance – The public expects that their municipal tax dollars are overseen by the municipal politicians they elect. For the municipal public health investment, this currently occurs through representatives from obligated municipalities on the Board of Health. The new Regional Public Health Entity must ensure this continues to occur.
- c. Any change in the provincial/municipal funding ratio needs to be negotiated with the Association of Municipalities of Ontario and cannot take place in 2019 as health units have already levied municipalities, who are already more than a quarter in to their fiscal year and budgets are set.
2. That the Board of Health send this briefing note to all obligated municipalities and encourage them to write a letter to Minister Christine Elliott about the concerns about the changes to Public Health governance, organization and funding outlined in the 2019 Ontario Budget.

## BACKGROUND

The provincial budget (see relevant Excerpts attached) released on Thursday April 11 includes significant new direction for public health.

1. In **2019-20** improve public health programs and back-office efficiency and sustainability while providing consistent, high-quality services, be responsive to local circumstances and needs by **adjusting provincial-municipal cost-sharing of public health funding**;
2. **By 2020-21 establish 10 regional public health entities and 10 new regional boards of health** with one common governance model; and protect what matters most by ensuring public health agencies focus their efforts on providing better, more efficient front-line care by **removing back-office inefficiencies through digitizing and streamlining processes**.
3. **By 2021–22**, modernizing public health units through regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units, leading to **annual savings of \$200M by 2021-22**.

## COMMENTS

The proposal to abolish all Boards of Health and decrease the number of health units from 35 to create 10 Regional Public Health Entities with a new Board is similar to a previous recommendation from an Expert Panel in June 2017 under the Liberals. The Board of Health carefully reviewed that report<sup>1</sup> and made the following comments that also apply in this situation.

- The Health Protection and Promotion Act obligates municipalities in a health unit region to contribute to public health funding and to oversee public health services via a Board of Health. This grounds public health programs and services in the local context. Municipal leadership in collaboration with provincial appointees on the Board of Health works very effectively. The proposed Regional Public Health Entity would lose this fundamental grounding of public health in local municipalities.
- Currently municipalities that contribute funding to the Board of Health also sit on the Board of Health. This is a critical principle for municipalities. This would likely not occur in a Regional Public Health Entity as many municipalities would be contributing funding and only a few would sit on the board. What guarantee would the Leeds, Grenville and Lanark municipalities have that their funding would stay with this community?
- The Leeds, Grenville and Lanark District Health Unit is a sufficient size that it is able to fund and staff all the administrative functions required and fill all the specialty positions such as epidemiologist, planner and evaluator, communications coordinator, webmaster, and IT to support the programs and services outlined in the provincial standards. The Regional Public Health Entity would likely take these away with the possible loss of jobs to our community and with no guarantee that service would be as effective or efficient.
- The Health Unit programs and services currently collaborate effectively with other Health Units in our region and more broadly. The Regional Public Health Entity will not add to this and may provide a different direction for our programs and services without intimate knowledge of our area.
- The Regional Public Health Entity will likely result in the removal of senior leadership from the community resulting in less leadership in the local community.

Prepared by:

The Strategic Leadership Team

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<sup>1</sup> Public Health within an Integrated Health System, Report of the Ministers Expert Panel on Public Health, June 9, 2017

**2019 Ontario Provincial Budget**  
Released on Thursday April 11, 2019

**VERBATIM EXCERPT FROM CHAPTER 1, A PLAN FOR THE PEOPLE: MODERNIZING ONTARIO’S PUBLIC HEALTH UNITS (P. 119)**

“Ontario currently has 35 public health units across the province delivering programs and services, including monitoring and population health assessments, emergency management and the prevention of injuries. Funding for public health units is shared between the Province and the municipalities.

However, the current structure of Ontario’s public health units does not allow for consistent service delivery, could be better coordinated with the broader system and better aligned with current government priorities. This is why Ontario’s Government for the People is modernizing the way public health units are organized, allowing for a focus on Ontario’s residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention to improve public health promotion and prevention.

As part of its vision for organizing Ontario public health, the government will, as first steps in **2019-20**:

- Improve public health program and back-office efficiency and sustainability while providing consistent, high-quality services, be responsive to local circumstances and needs by **adjusting provincial-municipal cost-sharing of public health funding**;

The government will also:

- **Establish 10 regional public health entities and 10 new regional boards of health** with one common governance model by **2020-21**;
- Protect what matters most by ensuring public health agencies focus their efforts on providing better, more efficient front-line care by **removing back-office inefficiencies through digitizing and streamlining processes**.

**VERBATIM EXCERPT FROM CHAPTER 3, ONTARIO’S FISCAL PLAN AND OUTLOOK (HEALTH SECTOR INITIATIVES, P. 276-7):**

Health Sector expense is projected to increase from \$62.2B in 2018-19 to \$63.5B in 2021-22, representing an annual average growth rate of 1.6% over the period...Major sector-wide initiatives will allow health care spending to be refocused from the back office to front-line care. These initiatives include:

- Modernizing public health units through regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units, leading to **annual savings of \$200M by 2021-22**.