



Board of Health Executive Committee

Tuesday, April 16, 2019

12:00 p.m.

Boardroom, Public Health Sudbury & Districts

AGENDA
BOARD OF HEALTH EXECUTIVE COMMITTEE

TUESDAY, APRIL 16, 2019, FROM 12 P.M. TO 1:30 P.M.
BOARDROOM – PUBLIC HEALTH SUDBURY & DISTRICTS

MEMBERS: James Crispo Jeff Huska René Lapierre
Ken Noland Nicole Sykes

STAFF: Rachel Quesnel France Quirion Dr. Penny Sutcliffe

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST**
- 4. ELECTION OF BOARD OF HEALTH EXECUTIVE COMMITTEE CHAIR FOR 2019**

MOTION: *THAT the Board of Health Executive Committee appoint _____ as the Board Executive Committee Chair for 2019.*

5. APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

- 5.1 Board of Health Executive Committee Meeting Notes dated September 25, 2018 *

MOTION: *THAT the meeting notes of the Board of Health Executive Committee meeting of September 25, 2018, be approved as distributed.*

6. NEW BUSINESS

- 6.1 2019 Ontario Budget – Modernizing Ontario’s Public Health Units
- 2019 Ontario Budget *Protecting What Matters Most*, Report Excerpts, p. 119, p. 277 *
 - aPHa Summary of Provincial Budget Announcement *
 - aPHa News Release dated April 12, 2019 *

IN CAMERA

MOTION: *THAT this Board of Health Executive Committee goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: ____.*

RISE AND REPORT

MOTION: *THAT this Board of Health Executive Committee rises and reports. Time:_____.*

7. ADJOURNMENT

MOTION: *That we do now adjourn. Time: _____*

*attachment



MEETING NOTES

BOARD OF HEALTH EXECUTIVE COMMITTEE

PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR

TUESDAY, SEPTEMBER 25, 2018 – 10 A.M.

BOARD MEMBERS PRESENT

Jeffery Huska
René Lapierre

Paul Myre
Ken Noland

BOARD MEMBERS REGRETS

Nicole Sykes

STAFF MEMBERS PRESENT

Rachel Quesnel

France Quirion

Dr. Penny Sutcliffe

GUESTS

Sandra Laclé

Renée St Onge

Mariette Sutherland

J. HUSKA PRESIDING

1. CALL TO ORDER

The meeting was called to order at 10 a.m. and a territorial acknowledgement followed. Guest staff were welcomed.

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

4.1 Board Executive Committee Meeting Notes dated July 11, 2018

12-18 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOVED BY LAPIERRE – MYRE: THAT the meeting notes of the Board of Health Executive Committee meeting of July 11, 2018, be approved as distributed.

CARRIED

5. NEW BUSINESS

5.1 Indigenous Engagement Strategy

- Briefing Note dated September 14, 2018
- Indigenous Engagement Strategy

Further to the June 21, 2018, Board of Health workshop, the Board Executive Committee is being asked to review the Indigenous Engagement Strategy prior to it being presented to the October 18, 2018, Board of Health meeting.

The briefing note summarizes the Board's work and motions since 2011 as well as steps undertaken in the development of the strategy and with consultation with Indigenous community partners and agencies who provide services to Indigenous People. Dr. Sutcliffe noted there has been an extensive collaborative process which has been helpful to learn about strengths, needs and interests related to public health.

The Board EC members were reminded that the Ministry of Health and Long-Term Care approved funding through one time allocations to support our Indigenous Engagement work.

M. Sutherland outlined the content of the Indigenous Engagement Strategy report titled *Finding our Path Together*, and described the artwork and its significance. Key words, including the title of the report will be translated into Anishnaabemowin, Cree syllabics, and Cree.

The Strategy will guide our organization's efforts to strengthen relationships with First Nations communities and Indigenous partners (motions 20-12 and 54-16), and we anticipate furthering our engagement with urban First Nation and Métis groups.

The internal and external consultation processes were summarized, including a description of how we developed the Indigenous Engagement vision, mission, values and strategic directions as stated in the Strategy. All components have strong alignment with the Public Health Sudbury & Districts' 2018 – 2022 Strategic Plan.

Feedback was provided regarding the Indigenous engagement vision, *Working together for healthy and vibrant Indigenous communities in their pursuit of self-determined health and wellbeing*, and the statement will be updated to ensure clarity.

The Indigenous engagement mission: *Public Health Sudbury & Districts works together with area Indigenous Peoples and communities to collaboratively strengthen public health programs and services for all* and the values: *respect, trust and humility* was reviewed.

Valuable quotes from roundtable participants have been included in the report.

The Medicine wheel framework depict the four strategic directions:

- i) Inform our work through Indigenous community voices and information
- ii) Engage in meaningful relationships to support Indigenous community wellbeing
- iii) Strengthen our capacity for a culturally competent workforce
- iv) Advocate and partner to improve health.

It was pointed out that these directions were shared with PHSD managers to elicit their feedback as to whether they were realistic and achievable.

Once the strategy is approved, next steps will include:

- Developing new internal and external committee structures to guide and support the implementation of the strategy
- Developing an implementation plan for the strategy
- Ensuring routine and structured reporting mechanisms for Senior Management and the Board of Health
- Ensuring effective mechanisms by which the Board of Health receives Indigenous knowledge appropriate to its governance role
- Developing and tracking collaboration indicators
- Updating the Indigenous community as well as our Board of Health, staff, and partners on progress using publicly available reporting mechanisms

It was clarified that the Indigenous Engagement Advisory Committee has sunsetted. Ongoing communication will be important to keep partners updated regarding our progress.

Comments and questions were entertained, and it confirmed that the Board motions will be hyperlinked in the report. Appendix A and B of the report will be reversed. Kudos were extended to the local Indigenous artists/firm who created the report layout. Credits will be noted in the report for the local graphic design artists/firm, who is within our service area.

The staff were congratulated on a wholesome and inclusive process throughout this long-standing work and for the development of the report.

These are positive steps forward to address the organizational risk assessment which identifies that *the organization may be at risk of poorly defined relationships with indigenous communities*. Dr. Sutcliffe and team were thanked for making this work a priority.

The Board Executive Committee members were supportive of the report going forward to the full Board at the October Board meeting for endorsement.

6. ADJOURNMENT

13-18 ADJOURNMENT

MOVED BY MYRE – LAPIERRE: THAT we do now adjourn. Time: 11:02 a.m.

CARRIED

(Chair)

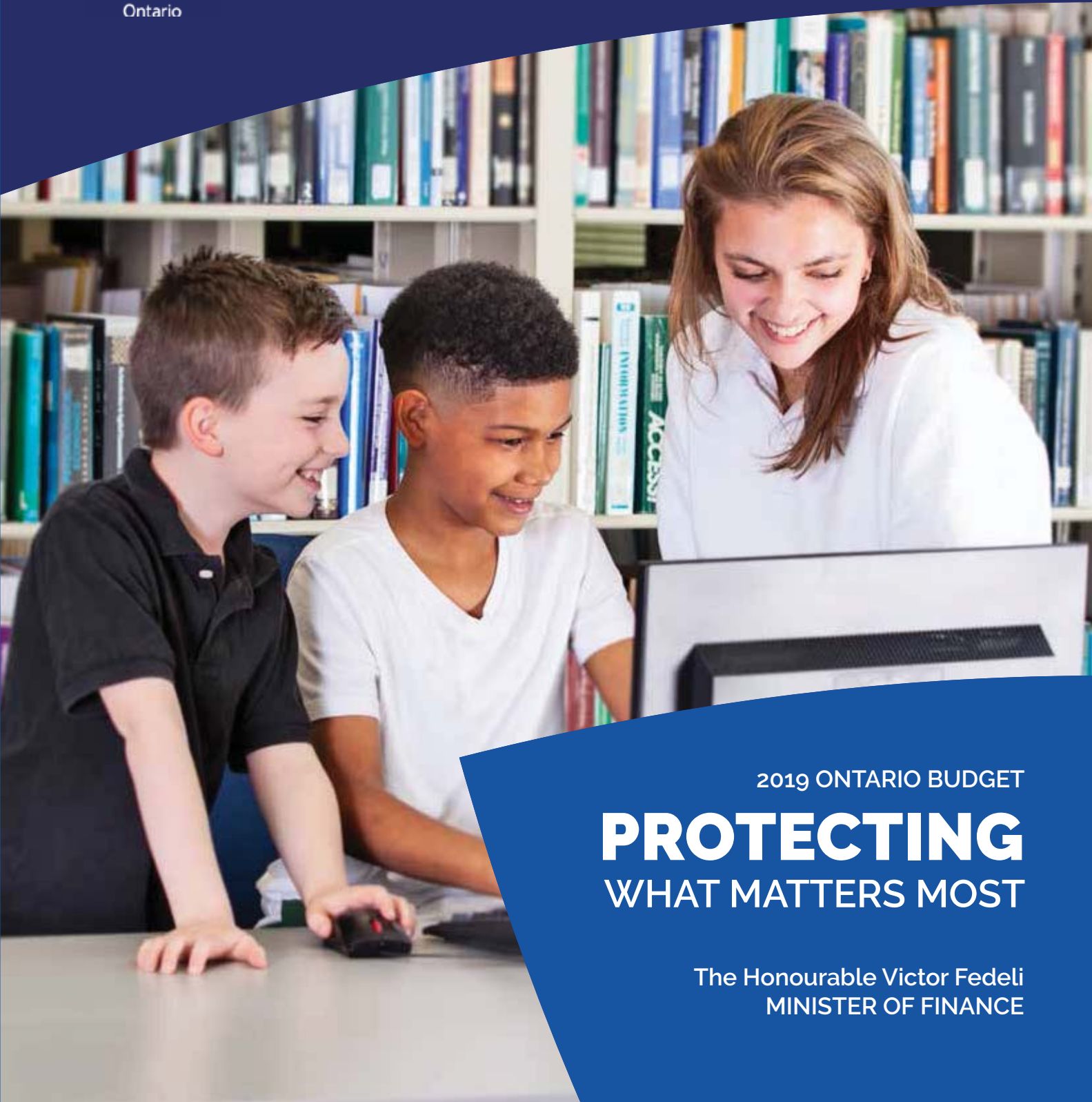
(Secretary)

APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOTION: THAT the meeting notes of the Board of Health Executive Committee meeting of September 25, 2018, be approved as distributed.



Ontario



2019 ONTARIO BUDGET

PROTECTING WHAT MATTERS MOST

The Honourable Victor Fedeli
MINISTER OF FINANCE

Modernizing Ontario's Public Health Units

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; and
- Streamline the Ontario Agency for Health Protection and Promotion to enable greater flexibility with respect to non-critical standards based on community priorities.

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;
- Modernize Ontario's public health laboratory system by developing a regional strategy to create greater efficiencies across the system and reduce the number of laboratories; 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.

- 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 \$200 million by 2021–22;
 - Streamlining transfer payment agreements and consolidating multiple service contracts to reduce administration costs, increase value for money and improve outcomes by making it easier to manage system-wide performance, achieving annual savings of \$100 million by 2021–22;
 - Changing the way pharmacy fees are paid, including a tiered framework for drug mark-up fees; fees paid for filling prescriptions for long-term care home residents, and focusing the MedsCheck program on patients transitioning between health care settings, resulting in annual savings of over \$140 million by 2021–22; and
 - Prioritizing patients over processes to allow for critical investments in front-line health care delivery, including an annualized investment of approximately \$90 million (once fully implemented) for a new dental program for seniors with low-incomes, targeted investments of \$384 million in 2019–20 in the hospital sector to address hallway health care and approximately \$1.75 billion in additional funding over five years in the long-term care sector to expand and improve bed capacity.
- **Education sector** expense is projected to increase from \$29.1 billion in 2018–19 to \$30.1 billion in 2021–22, representing average annual growth of 1.2 per cent. This is primarily due to increased funding for school boards to support higher student enrolment. Key sector-wide transformation initiatives include:
 - Focusing funding on priority areas, including Science, Technology, Engineering and Math (STEM), while finding efficiencies and improving accountability to ensure that every dollar spent in the classroom is having the greatest impact on student achievement;
 - Prioritizing child care funding for fee subsidies to help support affordable and accessible child care for families;
 - Finding internal efficiencies in the Ministry of Education, through modernization initiatives, including greater use of virtual meetings, and limiting the use of consultants to generate estimated savings of \$25 million annually by 2021–22; and
 - Examining opportunities to enhance school board participation in formal buying consortia and group purchasing initiatives to leverage economies of scale.

Dear alPHa Members,

Re: 2019 Ontario Budget, Protecting what Matters Most

Unlike previous recent budgets, the 2019 Ontario Budget contains a section devoted specifically to Modernizing Ontario's Public Health Units, so the traditional chapter-by-chapter summary of other items of interest to alPHa's members will be delayed as our immediate focus will be need to be on the significant changes that are being proposed for Ontario's public health system.

It appears that the Government intends to create efficiencies through streamlining back-office functions, adjusting provincial-municipal cost-sharing, and reducing the total number of health units and Boards of Health from 35 to 10 in a new regional model. As details about how they will do this are scarce, verbatim excerpts from the two areas that are directly relevant are reproduced here (*comments added in italics*):

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 (*ed. Note: what this means is not spelled out, i.e. it is not clear how such an adjustment would contribute to efficiency and if they are considering a change to the relative share, they have not revealed what it will be*).
- Streamline the Ontario Agency for Health Protection and Promotion to enable greater flexibility with respect to non-critical standards based on community priorities (*ed. Note: again, not spelled out*).

The government will also:

- Establish 10 regional public health entities and 10 new regional boards of health with one common governance model by 2020-20 (*based on the excerpt from chapter 3 below, it is likely that this means consolidation and not the establishment of another regional layer*);
- Modernize Ontario’s public health laboratory system by developing a regional strategy to create greater efficiencies across the system and reduce the number of laboratories; 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.

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.

Gordon Fleming and Pegeen Walsh (ED, OPHA) were able to ask a couple of questions of clarification of Charles Lammam (Director, Policy, Office of the Deputy Premier and Minister of Health and Long-Term Care), and he mentioned that strong local representation and a commitment to strong public health standards will be part of the initiative, and the focus of the changes is more on streamlining the governance structure. He also indicated that many of the details (including the cost-sharing model) will need to be ironed out in consultation with municipal partners and hinted that there is a rationale behind the proposed number of health units though he couldn’t share that level of detail at this time.

Please [click here](#) for the portal to the full 2019 Ontario Budget, which includes the budget papers, Minister’s speech and press kits.

alPha’s Executive Committee will be holding a teleconference at 9 AM on Friday April 12 to begin the formulation of a strategic approach to obtaining further details about the foregoing and responding to the proposals. As always, the full membership will be consulted and informed at every opportunity.

We hope that you find this information useful.

Loretta Ryan,
Executive Director

NEWS RELEASE

April 12th, 2019

For Immediate Release

Ontario Budget 2019 – Reducing Investments in Public Health

The Association of Local Public Health Agencies (alPHa), which represents Ontario’s Medical Officers of Health, Boards of Health members and front-line public health professionals throughout the province, is surprised and deeply concerned to learn of the Government’s plans to restructure Ontario’s public health system and reduce its funding by \$200M per year.

“Investments in keeping people healthy are a cornerstone of a sustainable health care system. We have spent considerable time since the election of the new Government communicating the importance of Ontario’s locally-based public health system to ending hallway medicine,” said alPHa President Dr. Robert Kyle. “The reality is that this \$200M savings is a 26% reduction in the already-lean annual provincial investment in local public health. This will greatly reduce our ability to deliver the front-line local public health services that keep people out of hospitals and doctors’ offices.”

In order to achieve this reduction, the Government is proposing to replace 35 public health units and 35 local boards of health with 10 larger regional entities with boards of health of unknown composition and size. As alPHa pointed out in its response to the previous Government’s Expert Panel on Public Health Report (which proposed a similar reduction), the magnitude of such a change is significant and will cause major disruptions in every facet of the system. “The proposed one-year time frame for this change is extremely ambitious, and we hope that the government will acknowledge the need to carefully examine the complexities of what it is proposing and move forward with care and consideration,” added Dr. Kyle.

Public Health initiatives show a return on investment. Much of the success of our locally-based public health system can be attributed to partnerships with municipal governments, schools and other community stakeholders to develop healthy public policies, build community capacity to address health issues and promote environments that are oriented towards healthy behaviours. The health protection and promotion needs of Ontarians vary significantly depending on their communities, and preserving these partnerships is essential to meeting them regardless of the number of public health units.

We look forward to receiving more details of this plan from the Ministry so that we can work with them to ensure that Ontario’s public health system continues to draw strength from dedicated local voices and effective partnerships and maintains the capacity to deliver essential front-line health protection and promotion services while working to meet the Government’s stated goals of broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention.

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For more information regarding this news release, please contact

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About aPHa

The Association of Local Public Health Agencies (aPHa) is a non-profit organization that provides leadership to Ontario's boards of health and 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. Further details on the functions and value of Ontario's public health system are available in aPHa's [2019 Public Health Resource Paper \(https://bit.ly/2G8F3Ov\)](https://bit.ly/2G8F3Ov)

IN CAMERA

MOTION: THAT this Board of Health Executive Committee goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees.

Time:_____.

RISE AND REPORT

MOTION: THAT this Board of Health Executive Committee rises and reports. Time: _____

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____