PROVINCIAL CONSULTATION: MODERNIZING PUBLIC HEALTH

Presented to COMMITTEE OF THE WHOLE

Presented by Katherine Chislett, Commissioner Dr. Karim Kurji, Medical Officer of Health Community and Health Services

> JANUARY 16, 2020 #10346077



ANNOUNCEMENTS



PURPOSE

- To provide
 - York Region Council and Board of Health positions to date
 - York Region's experience and perspectives on key challenges identified by the Ministry

YORK REGION PUBLIC HEALTH'S GEOGRAPHIC AREA SUPPORTS RESPONSIVE SERVICE DELIVERY AND SHOULD NOT CHANGE

Council and Board of Health position (June, 2019)

The restructured public health entity should include only the existing geographic area of York Region, as the Region's current population is large enough to justify its own health unit



YORK REGION PUBLIC HEALTH'S GOVERNANCE MODEL IS EFFECTIVE AND SHOULD NOT CHANGE

Council and Board of Health position (June, 2019)

The governance and operating model of the restructured public health entity maintain the integrated service model which currently exists for York Region Public Health, to continue leveraging all of municipal activities towards addressing the social and economic determinants of health



MAINTAIN EXISTING INTEGRATED MODEL FOR YORK REGION PUBLIC HEALTH

Community Organizati and Services	ons	YORK REGION		Education
York Region Food Network				Catholic Schools
360 Kids		Environmental		Public Schools
Kinark Child and Family Services		Services		French Schools
LOFT Community Services	Communi	cations	Finance	Private Schools
Other human services		COMMUNITY AND		
EarlyON	Emergency Management	Access York Children's Services	Information Technology	
Government	Transportation Services	Homelessness Community Programs Housing Services	Legal and Court Services	Health Care
Federal	Human	Public Health Social Assistance	Long Range	Southlake Regional
Provincial	Resources	Paramedic Services	and Community	Health Centre
9 Local Municipalities		Seniors Services	Planning	Markham Stouffville Hospital
Chippewas of Georgina Island First Nation	York Regi Police		York Region Transit	Mackenzie Richmond Hill Hospital
		Human Services Planning Board		Other health care services

YORK REGION PUBLIC HEALTH'S OPERATING MODEL IS EFFICIENT AND SHOULD NOT CHANGE

Provincial Per Capita Funding of All 36 Public Health Units, 2016/17



Source of data: Ministry of Health and Long Term Care

THE MINISTRY SHOULD COMMIT TO FUNDING 70% OF ACTUAL COSTS



A – Actual F-Forecast B-Budget O - Outlook

The Discussion Paper seeks feedback on 4 key challenges

- 1. Insufficient capacity
- 2. Misalignment of health, social, and other services
- 3. Duplication of effort
- 4. Inconsistent priority setting

The Discussion Paper also seeks feedback on practices to integrate Public Health services with Indigenous, First Nations and Francophone communities

1- YORK REGION HAS SUFFICIENT CAPACITY TO DELIVER ON ALL ONTARIO PUBLIC HEALTH STANDARDS

OUR EXPERIENCE

- Being embedded within York Region enables Public Health to attract and retain a highly skilled workforce to meet needs
- Public Health is able to easily access the surge capacity needed to respond to emerging public health threats

- Do not make broad changes to Public Health to address capacity issues that exist only in certain parts of the province
- Support communities with capacity issues to resolve them. This may include increased resources, mergers of smaller Public Health units, or other approaches
- Explore structures that would allow for a stronger capacity/resource and financial relationship with municipalities such as integration into upper tier municipalities either directly or through agency relationships

2 - YORK REGION PUBLIC HEALTH IS ALIGNED WITH HEALTH, SOCIAL AND OTHER SERVICES BEING PART OF COMMUNITY AND HEALTH SERVICES

OUR EXPERIENCE

- Public Health is continuously engaged with health, social and other services by design, given the integrated approach to human services within the Region
- Public Health's local collaboration extends beyond to other services within our geographic area and we have strong partnerships
- Public Health's local collaboration extends beyond to other services such as the hospitals through York Region's formal partnerships with Ontario Health Teams

- Do not make boundary, governance or other large structural changes to York Region Public Health. These may impact existing partnerships and service delivery. Time and resources would be required to re-develop partnerships and establish and operate a new organization
- Given our effective and efficient organizational and governance model, consider examining it as a best practice approach

3 - DUPLICATION COULD BE REDUCED WITH A PROVINCIALLY COORDINATED AND CENTRALIZED DATA STRATEGY

OUR EXPERIENCE

- Having to create 'workarounds' to effectively use Ministry databases creates additional work that takes away from front-line service delivery
- Lack of a central immunization registry requires front-line public health staff to enter information and takes away from service delivery
- Deloitte's audit validated technology inefficiencies and duplication

- Modernize systems and update technology in consultation with front-line public health staff
- Update databases to provide streamlined access to services that connect health care records across programs and the broader health care system
- Provide self-serve/automated systems that use identity access management
- Automate forms with work flow to enable integration between systems and minimize manual data entry
- Have reciprocal data sharing agreements to increase access to data and maximize evidence-based decision making

4 - PUBLIC HEALTH BALANCES LOCAL NEEDS AND SYSTEM PRIORITIES FOR DECISION MAKING

OUR EXPERIENCE

- Public Health displays strong accountability, leadership and governance capacity
- Public Health's work is guided by Ontario Public Health Standards and shaped by local population health needs
- Balancing local needs with larger system priorities cannot be done on its own and requires a stronger role by Public Health Ontario
- Opportunities to share our expertise or learn from others could be improved

- Develop an improved coordination role by Public Health Ontario to help manage priority setting, and ensure Public Health Ontario is properly resourced to take on this role
- Consider the service system manager model used by other provincial ministries as an approach to improve collaboration, decision making, priority setting and service effectiveness
- Maintain Medical Officer of Health autonomy to set priorities and inform Board of Health decision-making based on local needs

RELATIONSHIPS WITH PRIORITY POPULATIONS WOULD ACCELERATE WITH A PROVINCIAL STRATEGIC APPROACH

OUR EXPERIENCE

- Council and the Board of Health committed to a York Region Inclusion Charter
- Community and Health Services engages with the local Indigenous community and the Chippewas of Georgina Island First Nation Band Council
- Community and Health Services provides a range of provincially mandated services with French language service requirements and is supported by the Ministries to achieve them

- Public Health Ontario coordinate cross-provincial priorities for these distinct populations to balance their unique needs with those of other emerging priority populations
- The Ministry permit public health units to identify local priority populations, which for York Region, would be immigrants and newcomers

IN CLOSING

- The Ministry's consultation process is an important opportunity for York Region to put forward Council and the Board of Health's positions on geography, governance and funding to influence the path forward for modernizing public health in Ontario.
- The Ministry has identified challenges that exist in some health units. These are not challenges for York Region.
- Ministry should commit to funding 70% of actual costs.
- York Region's model is effective, efficient and responsive. Sufficient funding, modernized systems, and better coordination by Public Health Ontario will help all Public Health units to be even more efficient, effective and responsive.