

The Regional Municipality of York

Board of Health
Community and Health Services
February 27, 2020

Report of the Commissioner of Community and Health Services and Medical Officer of Health

Response to Ontario Ministry of Health's Discussion Paper on Public Health Modernization

1. Recommendations

1. York Region Board of Health, approve Attachment 1 as York Region's response to the Ontario Ministry of Health's Discussion Paper on Public Health Modernization.
2. The Regional Clerk circulate the Region's response to the following: Ministry of Health, Members of Provincial Parliament in York Region, Clerks of the nine Local Municipalities, Canadian Union of Public Employees Local 905 (York Region Unit), Ontario Nurses Association Local 16, Association of Municipalities of Ontario, Association of Local Public Health Agencies and Chairs of 35 Boards of Health in Ontario.

2. Summary

This report seeks Council and York Region Board of Health's approval of the Region's proposed response (Attachment 1) to the Ministry of Health's (Ministry) [Discussion Paper: Public Health Modernization](#) (Discussion Paper), which seeks stakeholder feedback on potential solutions for the modernization of public health services in Ontario.

Key Points:

- The Ministry's consultation process is an important opportunity for municipalities to provide input on the path forward for modernizing public health in Ontario
- Challenges identified by the Ministry that may exist in some communities, are not experienced by York Region to the extent described. This is due to supports inherent in York Region Public Health's integrated governance model within a municipal structure. The Ministry could focus on implementing any required changes to support and strengthen communities with capacity issues. Broad structural changes are not required or recommended
- York Region Public Health is best positioned to address social determinants of health as part of its integration with York Region. Public Health, together with local municipalities, efficiently and effectively meets the needs of York Region residents

- Boundary, governance or other large structural changes will negatively impact existing partnerships and service delivery. Time and resources will be required to re-establish partnerships and operate a new organization
- The Region is a major partner in delivering public health services. The Region's contributions, both mandated and additional, have grown from \$19.1 million in 2016 to \$24.2 million in 2019. A modernized Public Health system needs to respect this municipal partnership and allow for local flexibility in meeting Ontario Public Health Standards
- A Provincially-coordinated and centralized technology solution strategy is the biggest opportunity to drive efficiencies, better manage risk and improve customer service quality. This would also reduce duplication in public health units across the province, improve data quality and save money

3. Background

Province plans to modernize public health in Ontario

In [October 2019](#), the Province appointed Jim Pine, Chief Administrative Officer of Hastings County, as the Provincial Advisor to lead province-wide consultations on public health modernization. By transforming and strengthening public health, the Province seeks to achieve the following outcomes:

- Better consistency and equity of service delivery across the province
- Improved clarity and alignment of roles and responsibilities between the Province, Public Health Ontario and local public health units
- Better relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and disease prevention
- Improved public health delivery and sustainability of the system

In November 2019, the Ministry released a [Discussion Paper: Public Health Modernization](#), inviting stakeholders to provide input and advice on four key challenges in the public health sector identified by the Ministry:

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

In [January 2020](#), staff presented and received feedback at Committee of the Whole on the proposed advice to be incorporated into the Region's formal response to the Ministry.

York Region was invited to a Provincial consultation scheduled for January 28, 2020, which was postponed by the Ministry on January 27, 2020 to enable readiness planning for the COVID-19 (Coronavirus Disease 2019). At this time a new date has not been set for the consultation.

4. Analysis

The Region's response is based on our Public Health experiences with each of the four challenges raised by the Province

The Ministry's Discussion Paper is organized around four key challenges, and the Region's proposed response (Attachment 1) to the questions in the Discussion Paper follows the same format. For each challenge, the Region describes its experiences, identifies best practices, and offers specific advice on how to tackle the challenge.

The proposed response is not limited to questions in the Discussion Paper. It is prefaced with general comments, including information on the position Council has previously taken on the governance, geography and funding of York Region Public Health, and a description of why Public Health works so well in York Region.

Our response also aligns with recommendations provided by the Association of Municipalities of Ontario to the Province in its formal response released [February 10, 2020](#).

The Region has advised the Ministry that governance, geography, integrated service delivery model and funding levels should not change

In [June 2019](#), Council and York Region Board of Health responded to proposed changes to public health announced in the 2019 Ontario Budget, stating:

- 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 public health unit
- The governance and operating model of the restructured public health entity should maintain the integrated service model which currently exists for York Region Public Health
- The Ministry should commit to funding 70% of actual costs of delivering public health

York Region is committed to working with the Province to modernize public health and strengthen local services

The Region supports a more tailored approach to improve service quality and efficiencies, rather than implementing broad based and costly governance changes. Challenges identified by the Ministry are not experienced by York Region to the extent described in the Discussion Paper. The Ministry should focus on jurisdictions where the identified challenges are largest to ensure public health services in Ontario are equitable and aligned.

5. Financial

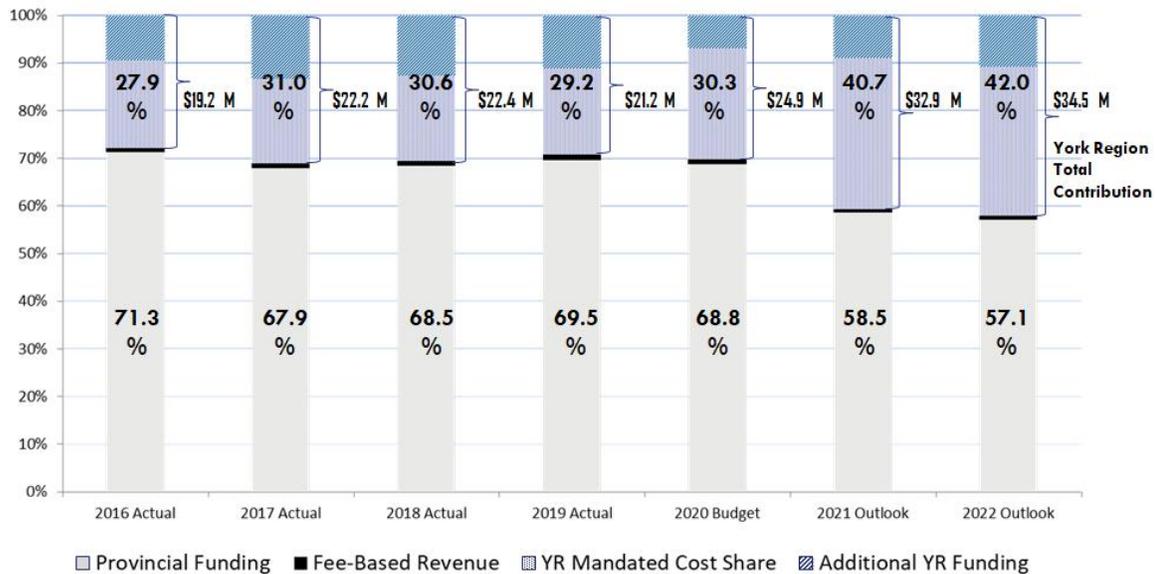
Provincial funding for York Region Public Health has been less than the Ministry’s approved funding model

Public Health is funded through Provincial and Municipal contributions. Until 2019, the Province funded up to 75% of eligible costs for mandated public health programs and up to 100% of other related programs, with municipalities contributing the rest. Healthy Babies Healthy Children is funded by the Ministry of Children, Community and Social Services up to capped funding of \$4.4 million although the actual direct cost of this program is over \$5.2 million.

As shown in Figure 1, despite the Ministry’s cost-share formulas, historical provincial funding for York Region Public Health has been less than the 75% for mandated public health programs and 100% of other related programs’ actual costs to meet the requirements under the Ontario Public Health Standards. As a result, York Region has needed to contribute more than its share for many years. York Region contributions – both mandated and additional York Region funding – have grown from \$19.2 million in 2016 to about \$21.2 million in 2019.

For 2020, Council approved an operating budget of \$75.0 million gross and \$17.7 million net tax levy, excluding corporate and departmental support costs estimated at \$7.2 million. Public Health expenses eligible for provincial funding include gross expenditures and department support costs, for an estimated \$82.2 million total expected cost in 2020. Provincial investments continue to decrease, and yet the Region is still required to deliver all public health services in the manner mandated by the Ministry.

Figure 1
Share of Public Health Funding Contributions, 2016 to 2022



Notes:

- Funding contributions prior to 2019 do not include the new Ontario Seniors Dental Care program, which is currently 100% funded by the Province.
- Figures for 2020 to 2022 are consistent with the approved 2020 budget and outlook for 2021 and 2022, and include corporate and departmental support costs.
- Percentage not shown for fee based revenue

Provincial funding is anticipated to decrease even further

In 2016, York Region contributed 28% (\$19.2 million) towards York Region Public Health funding. This is forecasted to increase to 42% (\$34.50 million) by 2022 due to the proposed new Provincial funding model requiring large municipalities, such as York Region, to contribute 40% of the cost-share beginning in 2021. An increase to the municipal cost-share for public health is not sustainable without impacting front-line services and/or increasing property taxes.

The proposed response advises the Province to commit to funding a minimum of 70% of actual costs to deliver public health services. Funding based on actual costs of delivering the mandated provincial programs would increase provincial funding to the Region in the absence of other efficiency measures the Province could take. For example, using 2018 data, if the Province had provided funding in accordance with the funding formula (75% for most programs, and 100% for the remaining, including Healthy Babies Healthy Children) based on actual costs, the Province would have provided \$58 million to York Region, rather than the \$50.2 million it did provide; a shortfall of \$7.8 million in Provincial funding.

In addition, Ministry staff advised in 2019 a 10% “savings target” would be applied to Public Health towards assisting the Province to achieve the annual \$200 million savings by 2021/22 fiscal year set out in its April 2019 budget, however, no further details have been released since then. Rather than transferring costs to municipalities to reduce provincial spending, the Province should look for efficiencies in how services are delivered. A provincially coordinated public health technology solutions could be the most effective opportunity to drive efficiencies, reduce costly duplication and risk, and to improve customer service and data quality.

6. Local Impact

Providing public health services is a municipal function as municipalities influence many of the factors which impact the social and economic determinants of health. It has been a municipal function in the Region since 1978. As Regional Council is also the Board of Health, public health perspectives are integrated into a wide range of municipal services, ranging from transportation and community planning to environmental services. Local municipalities also play an integral role in the planning and delivery of public health services.

7. Conclusion

York Region is committed to collaborating with the Province to modernize public health in Ontario. Public health provides an effective connection between the community and the health care system to prevent disease, protect and promote health and ensure fewer people require expensive acute care. Public health works when you cannot see it, and it has been working in tandem with municipalities for at least 150 years. The unique model for Public Health in York Region is a best practice. The Ministry should consider opportunities to engage in learning more about the Region's model to inform changes needed to create an efficient public health sector.

The Region has strengths that can be leveraged and scaled up to create an operationally efficient public health sector, which is responsive to the changing needs of our growing and diversifying communities.

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health ex 74012. Accessible formats or communication supports are available upon request.

Recommended by:

Katherine Chislett

Commissioner of Community and Health Services

Dr. Karim Kurji

Medical Officer of Health

Approved for Submission:

Bruce Macgregor

Chief Administrative Officer

February 14, 2020

Attachment (1)

10376079