June 21, 2019

Loretta Ryan
Executive Director
Association of Local Public Health Agencies
2 Carleton Street, Suite 1306
Toronto, ON M5B 1J3

Dear Ms. Ryan:

Re: Position and Mandate for a Restructured York Region Public Health

On June 20, 2019 the York Region Board of Health adopted the following recommendations:

1. York Region Board of Health direct the Chair of the Board to send a letter to the Minister of Health, with copy to the Premier of Ontario, to include the following:
   a. Request that the geographic area of the restructured public health entity include only the existing geographic area of York Region.
   b. Request that 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 of all municipal activities towards addressing the social determinants of health.
   c. Highlight opposition to the cost sharing changes which are estimated to increase the tax levy contributions to public health in the range of $12.7 million.
   d. Highlight that the proposed changes to the operating model and boundaries would create an additional tax levy burden on York Region due to the proposed amalgamation with the Simcoe Muskoka District Health Unit and associated increase in costs.

2. Until the Ministry of Health makes its final decision on the geographic area, and governance and operating models for the new public health entity, York Region Board of Health authorize and direct the Medical Officer of Health to establish a team to engage with the Simcoe Muskoka District Health Unit, guided by the following principles:
a. No significant service loss to York Region residents
b. No reduction in employment for front line positions, given that the population of York Region continues to grow
c. Protect current employees from job loss and maintain years of service as much as possible
d. Ensure that York Region tax levy funding remains in York Region to fund services in the Region
e. Do not exceed, on an annual basis, the total York Region tax levy funding currently contributed to deliver public health services, including both direct and indirect costs

3. York Region Board of Health authorize the Medical Officer of Health to request financial assistance from the Ministry of Health for planning and transition costs related to restructuring York Region Public Health.

4. York Region Board of Health authorize the Medical Officer of Health to retain management consulting resources as required, to advise on the structure and governance of the new public health entity.

5. This report be sent by the Regional Clerk to all nine local municipalities, York Region Members of Provincial Parliament, Canadian Union of Public Employees Local 905 (York Region Unit), Ontario Nurses Association Local 16, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Chief Medical Officer of Health of Ontario, the Ontario Health Agency and the other 34 Boards of Health.

The original staff report is enclosed for your information.

Please contact Dr. Karim Kurji, Medical Officer of Health at 1-877-464-9675 ext. 74012 if you have any questions with respect to this matter.

Sincerely,

Christopher Raynor
Regional Clerk

Attachment
The Regional Municipality of York

Board of Health
June 20, 2019

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

Position and Mandate for a Restructured York Region Public Health

1. Recommendations

1. York Region Board of Health direct the Chair of the Board to send a letter to the Minister of Health and Long-Term Care, with copy to the Premier of Ontario, requesting that:

   a. The geographic area of the restructured public health entity include only the existing geographic area of York Region.

   b. 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 of all municipal activities towards addressing the social determinants of health.

2. Until the Ministry of Health and Long Term Care makes its final decision on the geographic area, and governance and operating models for the new public health entity, York Region Board of Health authorize and direct the Medical Officer of Health to establish a team to engage with the Simcoe Muskoka District Health Unit on the proposed restructuring model proposed by the Ministry, guided by the following principles:

   a. No significant service loss to York Region residents

   b. No reduction in employment for front line positions, given that the population of York Region continues to grow

   c. Protect current employees from job loss and maintain years of service as much as possible

   d. Ensure that York Region tax levy funding remains in York Region to fund services in the Region

   e. Do not exceed, on an annual basis, the total York Region tax levy funding currently contributed to deliver public health services, including both direct and indirect costs

3. York Region Board of Health authorize the Medical Officer of Health to request financial assistance from the Ministry of Health and Long-Term Care for planning and transition costs related to restructuring York Region Public Health.
4. York Region Board of Health authorize the Medical Officer of Health to retain management consulting resources as required, to advise on the structure and governance of the new public health entity.

5. This report be sent by the Regional Clerk to all nine local municipalities, York Region Members of Provincial Parliament, Canadian Union of Public Employees Local 905 (York Region Unit), Ontario Nurses Association Local 16, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Chief Medical Officer of Health of Ontario, the Ontario Health Agency and the other 34 Boards of Health.

2. Summary

This report provides an update to the York Region Board of Health on recent announcements from the Ministry of Health and Long-Term Care (the Ministry) regarding the modernization of Ontario’s public health system and the creation of ten new regional public health unit entities by April 1, 2020.

Key Points:

- Changes to Ontario’s public health system will require legislative changes, Ministry staff anticipate legislation will be in place this fall, and that there will be consultation with municipalities and independent boards of health.

- One of the proposed ten new public health entities would be comprised of York Region Public Health and the Simcoe County portion of the Simcoe Muskoka District Health Unit.

- The new public health entity would be a stand-alone, autonomous organization separate from York Region.

- The Board of the new public health entity is proposed to be in place by April 1, 2020, York Region Council would no longer serve as the Board of Health and York Region would be required to fund the new entity based on proposed new cost share ratios.

- Between April 2020 and April 2021, services are proposed to be transitioned into the new entity.

This report recommends the Board of Health advise the Minister of Health on its position regarding the Ministry of Health and Long Term Care’s proposal on the size, governance model and administrative model for the new health entity.

- The geographic area of 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, and

- The governance and operating model of the restructured public health entity maintain the models that currently exist for York Region Public Health as the integrated model is effective in addressing the social determinants of health, ensures York Region tax
levy is used to benefit York Region residents, and leverages administrative efficiencies not available in an autonomous model.

Finally, as Ministry staff has requested input on the organizational structure of the new public health entities, this report recommends giving the Medical Officer of Health authorization and a mandate to work with the Simcoe-Muskoka District Health Unit to develop a mutual proposal for consideration by the Province. Given the short timelines, it is important to begin this work in advance of the final decision by the province on the geography, governance model and administrative model for the geographic area of York Region.

3. Background

The 2019 Provincial Budget announced sweeping organizational and governance changes to the public health sector

The province is restructuring the public health system in Ontario from 35 to 10 regional health units. The new entities are proposed to be stand-alone autonomous organizations.

To achieve these proposed changes, Ministry staffs anticipate legislation in fall 2019. As of April 1, 2020, the new public health entity will be in place. As part of the legislative process, the Ministry has indicated there will be consultation with municipalities and independent boards of health. The Ministry also indicated a willingness to receive input on administrative and organizational structures of the new entity.

The proposed geographic area of the public health entity will add an area close to three times the size of York Region

As of April 1, 2020, the new public health entity is proposed to consist of York Region Public Health and the Simcoe County portion of the Simcoe-Muskoka District Health Unit. The merger of Simcoe County with York Region would create the third largest new public health entity in terms of population (after Toronto and the entity that includes Peel/Halton Regions). Planning for York Region’s large, diverse and growing population is already a significant undertaking and the size of our geography at present does present operational considerations in how we provide service.

According to the 2016 Census, Simcoe County’s population was 520,123 and covers a geographic area of 4,859 square kilometres, nearly three times the size of York Region. On May 15, 2019, the Board of Health for Simcoe Muskoka District Health Unit wrote a letter to the Minister of Health and Long-Term Care advocating that the full territory of their health unit be merged with York Region. This would result in a geographic area of approximately 8,800 square kilometres and a population of 584,562 (2016 Census) (Attachment 1 – Map). This position has been endorsed by three additional health units (Sudbury and District; Timiskaming; and North Bay Parry Sound). The province intends to consult on the geographical boundaries, and they may change.
York Region Public Health, while understanding of the challenges faced by Simcoe Muskoka District Health unit, does not support the merger.

**Public Health has a history of integration with York Region human services, maximizing the influence on the social determinants of health and healthy public policy**

Public health has been a municipal program since 1833 when the Legislature of Upper Canada allowed local municipalities to establish boards of health. As a municipal service, it helps ensure healthy communities by working with and influencing municipal functions including urban planning, transportation planning, water and waste water, housing, child care, income supports and employment. Many of these supports have direct connections to the social determinants of health (i.e. all of those factors outside of health care services that influence how healthy a community is), demonstrating the many advantages to maintaining a direct municipal connection to public health.

Public health became a Regional function in 1978 and has been fully integrated into Regional strategic planning and operations ever since. Some successes from having public health integrated within Regional service delivery include the passing of the No-Smoking Bylaw, which was greatly facilitated by having a Board of Health that includes political leaders from the local municipalities, and quick access to Regional staff and assets to support public health during the emergencies of SARS in 2003 and H1N1 in 2009. The Region also benefits from the current integrated model. Public health has made significant contributions to healthy public policy including an opioid action plan, built environments that support health, and climate change action plans.

From a departmental level, in 2007 Public Health joined the Region’s Community and Health Services Department (CHS), integrating the full range of human services under one leadership group. This has maximized Public Health’s ability to address the social determinants through a much broader range of initiatives than it could do on its own through provincially mandated programs under the Ontario Public Health Standards. For example, the Region’s Community Investment Fund has been leveraged by Public Health to address health service gaps in the Region such as food insecurity. Public Health and the Social Services Branch partnered to deliver a breast pump discretionary benefit program for people who rely upon Ontario Works income supports. In addition, York Region Public Health operations are more efficient because of the ability to access shared administrative supports within CHS, and access a wide range of specialized expertise from other Regional departments.

**York Region Public Health has been recognized as a provincial leader in excellence, innovation and wellness**

In June 2019, York Region Public Health applied to become the first public health unit in Ontario to be accredited at the Gold Level against Excellence Canada’s stringent Excellence, Innovation and Wellness Standard. This nationally recognized standard scrutinizes the work, culture, deliverables and staff perspectives of working within the Branch. It addresses key
requirements in five specific drivers of: leadership, planning, customers, people and processes.

Prior to applying to be considered for this important distinction, all four public health divisions were successful at receiving Silver Level against the same Excellence, Innovation and Wellness standard.

Some of the past evidence applauded by the assessors from Excellence Canada built on numerous benefits that result from the integration of public health within the Region’s structure, including:

- Positive and productive relationships across a range of departments and the local municipalities
- Innovative and effective service delivery
- Several regional guidelines and standards are in place to support compliance with relevant provincial regulations and standards, including human rights, privacy, health and safety, disability, accessibility, employment standards, etc.

Other public health units and organizations are reaching out to York Region Public Health to learn about our accreditation journey.

4. Analysis

**Transition into a new public health entity may negatively impact public health services for York Region residents**

Public health’s integration into the municipal structure has provided more effective opportunities and influence on other municipal activities to improve the lives of York Region residents. The economies of scale and specialized expertise available to the Public Health Branch as part of a large, diverse and multi-service municipal government would be lost with a move to an autonomous board and expanded geographic area. These changes may cause programming to be less effective in addressing the social determinants of health and population health.

Further, York Region has historically provided additional funding beyond the minimum required for cost-sharing. This has enabled public health to address health service gaps to benefit its citizens and meet our local needs with proactive and responsive programs. It is uncertain that the same level of quality services would be affordable under the new model.

Finally, many administrative services are provided to public health through Regional programs including Integrated Business Services Branch (e.g., finance, IT support) and Corporate Services (e.g., human resources). When York Region Public Health is no longer a Regional function, the funding for these services will need to come from the approved public health entity budget. Based on current financial commitments for these costs, there will be service delivery implications if public health needs to use funding that has historically been used to deliver mandated public health programs and services.