



HASTINGS PRINCE EDWARD
Public Health

GOVERNANCE MEETING

**Wednesday, January 22, 2020
2:00 p.m. – 3:00 p.m.**

**If you are unable to attend, and have not already done so,
please arrange for your alternate to attend and
advise Catherine Lovell at clovell@hpeph.ca.**

Thank you!

Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

Our Vision

Healthy Communities,
Healthy People.

Our Mission

Together with our communities,
we help people become as
healthy as they can be.

Our Values Show We CARE



Collaboration



Advocacy



Respect



Excellence

Our Strategic Priorities



Community
Engagement



Staff
Engagement
and Culture



Population Health
Assessment and
Surveillance



Program
Standards



Health
Promotion

**GOVERNANCE COMMITTEE MEETING
AGENDA**

**Wednesday, January 22, 2020
2:00 pm – 3:00 pm
Douglas A, 1st Floor**

If you are unable to attend, and have not already done so, please arrange for your alternate to attend and advise Catherine Lovell at clovell@hpeph.ca Thank you.

- 1. CALL TO ORDER**
- 2. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**
- 3. APPROVAL OF AGENDA**
- 4. APPROVAL OF MINUTES OF PREVIOUS MEETING**
 - 4.1 Meeting Minutes of September 25, 2019 Schedule 4.1
 - 4.2 Meeting Minutes of November 27, 2019 Schedule 4.2
- 5. NEW BUSINESS**
 - 5.1 Public Health Modernization Briefing Note Schedule 5.1
 - 5.1.1 Draft Ministry of Health Survey responses Schedule 5.1.1
 - 5.1.2 Ministry of Health Survey Response Summary Schedule 5.1.2
 - 5.1.3 Ministry of Health presentation from Peel Region
In-Person Consultation Schedule 5.1.3
 - 5.1.4 HPEPH In-Person Consultation approach Schedule 5.1.4
 - 5.1.5 HPEPH In-Person Consultation Speaking Notes Schedule 5.1.5
- 8. DATE OF NEXT MEETING**

Wednesday, March 25, 2020 at 1:00 p.m.
- 9. ADJOURNMENT**

Governance Committee Meeting
MINUTES

Wednesday, September 25, 2019 1:30 p.m.
Hastings Prince Edward Public Health
179 North Park Street, Belleville
Douglas Room A, 1st Floor

Present:

Ms. Deborah Goulden, Provincial Appointee (Chair)
Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings
Mr. Michael Kotsovos, Councillor, City of Quinte West
Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings
Mr. Andreas Bolik, Councillor, County of Prince Edward
Ms. Joy Martin, Provincial Appointee
Mr. Terry Cassidy, Councillor, City of Quinte West
Mr. Sean Kelly, Councillor, City of Belleville

Regrets:

Mr. Stewart Bailey, Councillor, County of Prince Edward
Dr. Craig Ervine, Provincial Appointee
Dr. Douglas Lafreniere, Provincial Appointee
Mr. Bill Sandison, City of Belleville

Also Present:

Dr. Piotr Oglaza, Medical Officer of Health/CEO
Ms. Val Dunham, Director of Corporate Services/Associate CEO
Ms. Jenn Barrett, Executive Assistant to the MOH
Ms. Veronica Montgomery, Manager, Foundational Standards

1. Call to Order

The meeting was called to order at 1:00 p.m.

2. Disclosure of Pecuniary Interest and the General Nature Thereof

There was no disclosure of pecuniary interest.

3. Approval of Agenda

MOTION:

Moved by: Jo-Anne

Seconded by: Joy

THAT the agenda of the September 25, 2019 Governance Committee be approved as circulated.

CARRIED

4. Approval of Minutes of Previous Meeting

Schedule 4.1

4.1 General Minutes of May 22, 2019**MOTION:**

Moved by: Michael

Seconded by: Andreas

THAT the minutes of the May 22, 2019 Governance meeting be approved as circulated.

CARRIED**5. Business Arising from Minutes – None****6. Reports****6.1 Risk Management Update**

Val gave an overview of the Risk Management process that has taken place at HPEPH since 2017. Although mitigation strategies have been put into place, risks such as unpredictable funding would always be considered and could never be completely mitigated. The last round of bargaining is helping to mitigate risks such as staff absenteeism. Human Resources is currently focusing on performance management inclusive of management 360-degree evaluations.

MOTION:

Moved by: Jan

Seconded by: Sean

THAT the risk management report be received as presented.

CARRIED**6.2 Policy Advocacy Framework****Terry arrived at 1:23 p.m.**

Using the briefing note, Veronica Montgomery, Foundational Standards Manager gave an overview of the Advocacy Framework noting that the 2018 standards saw a renewed emphasis on advocating for public policy. Discussion ensued.

MOTION:

Moved by: Michael

Seconded by: Andreas

THAT the Policy Advocacy Framework report be approved as circulated

CARRIED

MOTION:

Moved by: Jan

Seconded by: Joy

THAT directs staff to develop a related Board of Health policy for advancing public policy.

CARRIED

Veronica Montgomery left the meeting.**6.3 Modernization of Public Health**

Using the briefing note provided, Dr. Oglaza gave an update on the status of the modernization process and next steps. Dr. Oglaza noted that in preparation for the consultation process, HPEPH Executive have hosted meetings with management, sent surveys to all staff and hosted five all-staff brainstorming sessions to be prepared. Dr. Oglaza confirmed that the Executive and Jo-Anne will be meeting again with local MPP's to further their discussions on the process. Discussion ensued.

MOTION:

Moved by: Jan

Seconded by: Jo-Anne

THAT the Governance Committee receives and endorses the staff recommendations to present during the consultation process,

And THAT the Board of Health has provided feedback on the governance model and boundaries to be presented during the consultation process.

CARRIED

7. Information Items**7.1 alPHa Conference**

Noted that Sean Kelly will attend the alPHa conference to represent the HPE Board of Health.

MOTION:

Moved by: Jan

Seconded by: Jo-Anne

THAT the information items be received as circulated.

CARRIED

8. New Business

Noted that Jenn will be forwarding a Board of Health self-evaluations survey to be completed. As per our BOH policies, all BOH members must complete the survey.

9. Date of Next Meeting

Wednesday, November 27, 2019 at 1:00 p.m. Douglas Room A, 1st Floor

10. **Adjournment**

MOTION:

Moved by: Joy

Seconded by: Andreas

THAT the meeting be adjourned at 2:47 pm

CARRIED.

Deborah Goulden, Governance Chair

Governance Committee Meeting
MINUTES

Wednesday, November 27, 2019 1:30 p.m.
Hastings Prince Edward Public Health
179 North Park Street, Belleville
Douglas Room A, 1st Floor

Present:

Ms. Deborah Goulden, Provincial Appointee (Chair)
Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings
Dr. Douglas Lafreniere, Provincial Appointee
Ms. Joy Martin, Provincial Appointee
Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings
Mr. Terry Cassidy, Councillor, City of Quinte West (arrived at 1:46 pm)

Regrets:

Mr. Stewart Bailey, Councillor, County of Prince Edward
Mr. Andreas Bolik, Councillor, County of Prince Edward
Dr. Craig Ervine, Provincial Appointee
Mr. Sean Kelly, Councillor, City of Belleville
Mr. Michael Kotsovos, Councillor, City of Quinte West
Mr. Bill Sandison, City of Belleville

Also Present:

Dr. Piotr Oglaza, Medical Officer of Health/CEO
Ms. Val Dunham, Director of Corporate Services/Associate CEO
Ms. Catherine Lovell, Executive Assistant to the MOH
Ms. Veronica Montgomery, Manager, Foundational Standards (departed @ 1:15 pm)

There was no quorum established for this meeting within the first 30 minutes.

1. Call to Order

The meeting was called to order at 1:15 p.m.

2. Disclosure of Pecuniary Interest and the General Nature Thereof

There was no disclosure of pecuniary interest.

3. Approval of Agenda – could not be approved

4. Approval of Minutes of Previous Meeting

4.1 General Minutes of September 25, 2019 – Could not be approved

5. **Business Arising from Minutes**

Schedule 4.2

5.1 **Policy Advocacy Framework** – Veronica

This policy was not presented due to the fact that it needs approval from the Committee to go forward to the Board of Health. Deferred to the next regular Governance Committee meeting on March 25, 2020.

At this point Veronica Montgomery left the meeting. (1:15 pm)

6. **Reports**

6.1 **Employee Engagement Survey** – David Johnston

Mr. Johnston reviewed the results of the above-noted survey. David noted that the survey should be repeated in two (2) years time but that overall the organization is in good shape.

6.2 **Board of Health Evaluation Survey-** Dr. Oglaza

Dr. Oglaza reviewed the results of the above survey noting that it was open for 35 days and asked 14 questions. A couple key points:

- It was suggested that the survey should not be completed by any members who have not completed at least 2 years of service on the Board as the understanding and workings of the Board are not fully understood in the first year of service.
- It was also suggested that it would be helpful to have each member's background, competencies and skill sets so that they may be called upon when needed for their expertise. It was also suggested that this information be on our website. Val Dunham put forth that we could make this a goal for the first quarter of 2020.

Terry arrived at 1:46 pm

6.3 **Public Health Modernization Consultation Process** – Dr. Oglaza

Dr. Oglaza talked about the consultation process to date and how members of the Board could now submit feedback through a survey sent out by the Ministry of Health. Dr. Oglaza encouraged that all submissions, whether submitted as an individual, as a municipal stakeholder or as part of an HPEPH submission have the same feedback to ensure consistency of our messaging.

Dr. Oglaza also requested feedback from Board about endorsing the strengthening of our ties to Kingston, Frontenac, Lennox and Addington Public Health. It was deemed this should be considered by the majority of board members. There was discussion around modernization.

7. **New Business**

7.1 **Human Trafficking and Child Abuse in Ontario**

Board member, Douglas Lafreniere presented on the above-noted topic.

8. **Date of Next Meeting**

Wednesday, March 25, 2020 at 1:00 p.m. Douglas Room A, 1st Floor

9. **Adjournment** – Meeting was adjourned at 2:35 pm

Deborah Goulden, Governance Chair

Governance Briefing Note

To:	Hastings Prince Edward Board of Health – Governance Committee
Prepared by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, January 22, 2020
Subject:	Public Health Modernization
Nature of Board Engagement	<input type="checkbox"/> For Information <input checked="" type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	Request board members review and adopt key messages and speaking points for an in-person consultation and approve responses to the Public Health Modernization Survey on behalf of Hastings Prince Edward Board of Health.
Background:	<p>The Public Health Modernization consultation was launched in November 2019 with the release of a <i>Discussion Paper: Public Health Modernization</i> by the Ministry of Health. The consultation process includes opportunities to provide feedback by written submissions, survey and in-person consultation meetings.</p> <p>Written Feedback Our written submission has already been endorsed by the Board and shared with Mr. Jim Pine, Advisor on Public Health and Emergency Health Services Consultations.</p> <p>Feedback Survey The feedback survey included in the published Discussion Paper is due to be submitted no later than February 10. In preparation of submitting survey responses on behalf of the Board, draft survey responses have been created for the Board’s consideration and approval, attached as Schedule 5.1.1 as well as a Survey Response Summary which summarizes five (5) key messages/themes that are seen throughout the survey responses. See Schedule 5.1.2</p> <p>In-Person Consultation On January 9, 2020 we received an email from Colleen Kiel of the Ministry of Health inviting us to participate in an in-person consultation session on February 5 at the County of Frontenac offices. This consultation process will include Public Health and Emergency Health Services with half a day set out for each and will include the areas of Kingston, Frontenac, Lennox & Addington, Leeds, Grenville and Lanark District and Hastings and Prince Edward Counties.</p> <p>Peel Region has shared a Ministry presentation presented at their in-person consultation, see Schedule 5.1.3. As part of that presentation there is a slide entitled “For Discussion” which contains six (6) questions that guided the discussion at the in-person consultations in Peel, see Schedule 5.1.2. With this in mind and in preparation for the February 5 in-person consultation date, a draft Speaking Points document has been created that summarizes the key messages for Board consideration to convey at that meeting.</p> <p>We request the Board members review and endorse the Feedback Survey responses and In-Person Consultation Speaking Points documents.</p>



Discussion Paper – Public Health Modernization Survey and Answers

ABOUT YOU

1. Is this an organizational or individual response? Organization
2. What is the name of the organization? Hastings Prince Edward Public Health
3. Please provide a contact at your organization: Dr. Piotr Oglaza
4. Position: Medical Officer of Health and CEO
5. Phone Number: 613-966-5500 ext. 200
6. Email address: moh@hpeph.ca

INSUFFICIENT CAPACITY

7. What is currently working well in the public health sector?

- Well established local connections and relationships with municipalities allows meaningful engagement and collaboration
- Strong local presence enables understanding of local health issues and ability to be responsive and flexible to local community needs (e.g. specialized clinics)
- Community and municipal representation on the Board of Health ensures community issues are prioritized
- BOH authority to plan and deliver front line programs allows the ability to customize as appropriate to meet community needs
- Public health acts as central coordinator that brings together various stakeholders and is a catalyst for community action
- Dedicated funding allows public health to remain financially and administratively separate from health care system

8. What are some changes that could be considered to address the variability in capacity in the current public health sector?

- Establishing mutual aid agreements, shared service agreements, and/or joint purchasing agreements would help maximize existing resources
- Harmonized IT and EMR systems would ensure consistent capacity across the province
- Creation of provincial medical directives would harmonize client care efforts and reduce duplication

- Establishing formal means of collaboration would empower PHUs to coordinate and share skills, knowledge, and resources
- Centralizing or coordinate common functions such as:
 - Branding and marketing
 - Strategic planning
 - Foundational Standards
 - Health promotion campaigns
 - Human resource strategies
 - Medical directives
 - Policies and Procedures
 - Significant procurement processes
 - Library services and resources
- Revising the PH standards to refocus efforts (see chart for details), including:
 - Simplifying Annual Service Plan standards
 - Revising Vision Screening Standard and Protocol
 - Reviewing individual Public Health 24/7 response requirements for PHUs
 - Reviewing the rabies post-exposure prophylaxis protocol
 - Revising suspect rabies confinement procedure
 - Revising the Immunization of School Pupils Act (ISPA) objections protocol
 - Revising Universal Influenza Immunization Program (UIIP Standards)
 - Revising the publicly funded immunization schedule regarding pertussis immunization of adults
 - Revising the Invasive Group A Streptococcal (IGAS) protocol for post-exposure prophylaxis

9. What changes to the structure and organization of public health should be considered to address these challenges?

- Support voluntary amalgamations where resulting organization would serve a population of 300,000 to 500,000 – to address efficiencies and economies of scale
- Ensure that any amalgamations respect and preserve existing municipal and stakeholder relationships
- Improve coordination of mandates across PHUs and between other health care and social services
- Establish shared centralized systems such as EMRs, health inspection and enforcement platforms, payroll systems and other back office software
- Establish shared centralized services (see response to previous question)
- Establish pooled/shared on call system for MOHs, formalized through shared service or mutual aid agreements
- Clearly define the roles of Public Health, Ontario Health Teams, PHUs, Community Health Centres, Social Services, and other related agencies to avoid duplication

- Establish a shared repository of high quality of resources, available through PHO
- Implement mechanisms to ensure PHU funding is secure and stable, to ensure appropriate delivery of priority programs and services to protect population health
- Provide provincial support (financial, legal, administrative) to ensure any transition is accomplished without interruption in front line services

MISALIGNMENT OF HEALTH, SOCIAL, AND OTHER SERVICES

10. What has been successful in the current system to foster collaboration among public health, the health sector and social services?

- Encouraging and enforcing collaboration between public health, the health care sector, and social services, is most effective when clear responsibilities and expectations are outlined through mandates.
- Representation from municipal representatives on the BOH has encouraged discussion and representation from a variety of municipal service areas, including health care and social services.

11. How could a modernized public health system become more connected to the health care system or social services?

- Regional offices of Ontario Health should be involved in supporting and enforcing mandates for the abovementioned sectors, and ensuring mandates are better aligned.
- Ensuring mandates enforce collaboration between various sectors will help establish and maintain formal connections where appropriate.
- Implementing a Health in all Policies approach (HIAP) across all ministries should be embraced by the province to ensure work in other sectors is not counterproductive to public health efforts.
- Public Health expertise in surveillance, epidemiology, data, planning, management could be leveraged to assist decision making in other sectors.
- Ensuring multi-directional communication and engagement between PHUs, Ontario Health, and other sectors will enhance relationship building and connectivity.

12. What are some examples of effective collaborations among public health, health services and social services?

- Public health representation on municipal working groups has ensured that community initiatives consider public health priorities (eg: community safety and well being planning, emergency planning, road safety).

- Cross-sector working groups at the program level have encouraged representatives from various agencies to come together to address a common goal.

DUPLICATION OF EFFORT

13. What functions of public health units should be local and why?

- BOH representation should remain heavily embedded in local communities to ensure local needs are prioritized.
- Maintaining a strong working relationship with local municipalities enhances PHU ability to conduct engagement, conduct policy work, and make connections with counterparts in other organizations to most effectively meet the OPHS.
- Program delivery must remain local to best meet community needs.
- A strong physical presence must remain in local communities (including rural communities) to ensure equitable access to all vulnerable populations.
- Flexibility to make customized decisions at the local level is paramount.
- While surveillance could be managed centrally, it is essential to retain the ability to interpret data locally to identify community needs.
- Ability to conduct meaningful engagement with the public and partners must remain local.

14. What population health assessments, data and analytics are helpful to drive local improvement?

- All data that is currently available is helpful to drive local improvement.
- Local data can be improved by using enhanced data mechanisms (eg: demographics, description of the community, priority populations, diseases in of significance).
- Improved availability of local data would enhance ability to customize programs and services to meet community needs.
- Establishing standardized data sharing agreements that empower data usage for the circle of care would ensure access to necessary data without requiring consent from each organization.
- Additional data at the population level, including primary care statistics, emergency services data, and acute care reporting would be helpful.

15. What changes should the government consider to strengthen research capacity, knowledge exchange, and shared priority setting for public health in the province?

- Strengthening centralized surveillance and research capacity would help identify and monitor shared priorities across the province.
- Establishing common provincial priorities (3) and enabling PHUs to identify local priorities (2) would enable each agency to work towards common goals, while customizing programs to meet community needs.

16. What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level? Or by Public Health Ontario?

- Centralization of select services could help reduce duplication. These include:
 - Health promotion campaigns
 - Foundational standards
 - Medical directives
 - Policies and Procedures
 - Human Resource strategies
 - Branding and marketing
 - Strategic planning
 - Surveillance
 - IT systems and processes (see following question)

17. Beyond what currently exists, are there other technology solutions that can help to improve public health programs and services and strengthen the public health system?

Many IT systems and processes could be harmonized, including:

- Electronic Medical Records (EMR)
- Health Inspections and Enforcement platforms
- Regulated business registration processes
- Common standards for internet security
- Shared web presence, platform, and capacity with local sub-sites
- Regional service hubs for IT expertise and support

INCONSISTENT PRIORITY SETTING

18. What processes and structures are currently in place that promote shared priority setting across public health units?

- OPHS set common standards, but are very broad and do not empower PHUs to embrace common priorities across the province. This structure could be enhanced to set key priorities

- 100% provincial funding is an effective mechanism to identify and promote shared provincial priorities (eg: OSDP)
- Office of the Chief MOH could be leveraged to identify and support provincial priorities.

19. What should the role of Public Health Ontario be in informing and coordinating provincial priorities?

- Provision of technical and academic expertise such as literature reviews and technical resources would help identify and support provincial priorities
- PHO should coordinate unforeseen issues or priority areas that cross PHY boundaries
- PHO could lead development of health promotion campaigns/resources based on study and analysis of available literature
- PHO could create Program Advisory Committees, including expertise from both PHO and local PHUs, to assist with review of evidence, creation of guidelines, development of training materials, and creation of program resources.
- Should continue to provide high level support and consultation for emergencies, unique data analysis needs, etc.
- Should continue establishing and maintaining high quality resources to support priorities and program areas

20. What models of leadership and governance can promote consistent priority setting?

- A provincial plan should be established for public health in Ontario, which includes a shared mission and vision, common provincial priorities, and the ability to develop local priorities and action plans at the community level.
- Leveraging the authority and expertise of the Chief MOH, in consultation with local MOHs, in provincial priority setting would allow identification and implementation of provincial priorities for public health
- While provincial priorities could be set by the Chief MOH, a governance model that retains local representation and responsibility for local priority setting would ensure accountability to both provincial and local priorities (3 provincial priorities and 2 local priorities).
- To ensure community needs are represented and responded to, it is essential that an MOH or Associate MOH representation remains positioned at each local PHU.

INDIGENOUS AND FIRST NATION COMMUNITIES

21. What has been successful in the current system to foster collaboration among public health and indigenous communities and organizations?

- Identifying indigenous engagement as a public health standard ensures it remains a priority.
- Existing relationships with indigenous communities at the local level allow for meaningful and respectful engagement.
- Existing flexibility to engage local indigenous populations and develop unique collaboration approaches has helped successfully and respectfully build relationships.

22. Are there opportunities to strengthen Indigenous representation and decision-making within the public health sector?

- More work is needed with various Indigenous groups to better understand their needs, identify and address health inequities, and accomplish this in a culturally sensitive manner.
- It is essential that engagement with Indigenous communities continue to be a priority for public health, but in addition, PHUs should work towards the legislation outlined in the HPPA (Section 50).

FRANCOPHONE COMMUNITIES

23. What has been successful in the current system in considering the need of Francophone populations in planning, delivery and evaluation of public health programs and services?

- Work that is underway by Ontario Health has helped ensure regional leadership and support to ensure meaningful delivery of frontline French Language Speaking (FLS) services.

24. What improvements could be made to public health service delivery in French to Francophone communities?

- An FLS lead could be identified within designated PHUs for FLS, and this could be formalized by accountability standards
- Establishing a repository of FLS resources at a provincial level would help improve our ability to serve this population.
- Consider frontline service support for FLS at a regional level.
- Facilitate translation/creation of public health resources facilitated at a provincial level.

- Coordinate with other health care providers and/or social service providers offering FLS services, to identify potential to share resources or strategies.

LEARNING FROM PAST REPORTS

25. What improvements to the structure and organization of public health should be considered to address these challenges?

- Strategic and voluntary amalgamations should be supported, in order to address efficiencies and economies of scale.
- Investment in coordination of central and regional back office services, as well as regional service hubs for specialized skill sets, could help reduce duplication (see previous responses)
- Formalized mechanisms should be established to improve collaboration between and across PHUs
- Consistent priority setting should take place at the provincial level (through the office of the Chief MOH), while empowering local BOHs the ability to set local priorities as needed within their community.

26. What about the current public health system should be retained as the sector is modernized?

- Local BOHs must retain a strong connection with the local community, as well as the authority to ensure community health needs are identified and addressed.
- BOHs should remain financially and administratively separate from the larger health from the health care system
- Local MOH must retain authority to make decisions that benefit and prioritize community needs
- Comprehensive municipal representation must be retained within the governance structure.
- Public Health must preserve a strong physical presence in local communities – including remote areas - to ensure equitable access to services.

27. What else should be considered as the public health sector is modernized?

- Voluntary amalgamations should be supported wherever possible, to achieve efficiencies and economies of scale, while leveraging existing relationships and mutually benefitting participating agencies.
- It is essential that any amalgamated agencies serve a population size that allows for maximum efficiency (300,000-500,000)
- Public Health funding must remain dedicated, protected, and separate from the larger health care delivery system.

- It is essential that BOHs retain flexibility to identify and adapt to local needs and priorities
- Public health should be empowered to make recommendations that influence health in all policies, to enhance and preserve the health of our population for generations to come.
- A provincial public health strategy should be applied across all ministries, to ensure all provincial resources are working towards a common goal.
- Opportunities to reduce duplication in back office areas should be investigated.
- The opportunity to formalize collaboration with other sectors, including municipal, social services, and primary care, should be considered.
- Strong provincial support will be required in a variety of areas to support any transition – to ensure there is no interruption in front line services as well as maintain investment in back office work which protects the health of the population.

Submit

Public Health Modernization
Draft Key Messages for BOH re: Consultation process
Survey Response Summary

This document summarizes the key themes presented in the BOH survey summary, submitted as part of the consultation process. Key Messages include:

- A Strong Community Presence for Public Health
- Encouraging Strategic Voluntary Amalgamations
- Select Centralization of Public Health Services
- Ministry Level Coordination of Provincial Priorities
- Key Revisions to Public Health Standards

Strong Community Presence

Key Message: A strong local public health presence must be maintained, to ensure understanding of local health issues and ability to be responsive and flexible to local community needs.

Supporting points:

- Board of Health must include community and municipal representation to ensure local issues are prioritized.
- A strong physical presence must remain in local communities (including rural communities) to ensure equitable access to all vulnerable populations.
- To ensure community needs are represented and responded to, it is essential that an MOH or Associate MOH representation remains positioned at each local PHU.

Strategic Voluntary Amalgamations

Key Message: Encouraging voluntary amalgamations between PHUs with populations of under 300,000 will achieve desired efficiencies while simplifying the modernization process.

Supporting points:

- It is essential that any amalgamated agencies serve a population size that allows for maximum efficiency (300,000-500,000)
- Encouraging voluntary amalgamations will respect and preserve existing municipal and stakeholder relationships
- While transitional support will be required from the province, a voluntary approach will reduce modernization costs.

Centralizing Public Health Services

Key Message: Establishing centralized services, mutual aid agreements, and/or shared services will help maximize existing resources.

Supporting points:

- Opportunities to reduce duplication in back office service areas should be investigated for potential efficiencies (eg: Branding and Marketing, Strategic Planning, Foundational Standards, Health promotion campaigns, HR strategies, Medical directives, Policies and Procedures, procurement processes)
- Establish shared centralized IT systems such as EMRs, health inspection and enforcement platforms, and data information systems will help improve capacity.
- Leveraging the role of PHO to provide enhanced support and expertise, as well as provide a shared repository of high quality of resources, would improve consistency of service across the province.

Ministry Level Coordination

Key Message: Select, consistent priorities must be set at the provincial level, while allowing PHUs the flexibility to identify and address unique local priorities.

Supporting points:

- Establishing common provincial priorities (3) and enabling PHUs to identify local priorities (2) would enable each agency to work towards shared provincial goals, while customizing programs to meet community needs.
- Leveraging the authority and expertise of the Chief MOH, in consultation with local MOHs, in provincial priority setting would allow identification and implementation of provincial priorities for public health.
- Implementing a Health in all Policies (HIAP) approach across all provincial ministries would ensure that work in other sectors is not counterproductive to public health efforts.
- Improving clarity and coordination of mandates across PHUs and between other health care and social services agencies would help reduce duplication and improve collaboration.

Revising Public Health Standards and Common Priorities

Key Message: The OPHS set common standards, but they are very broad and do not empower PHUs to identify and embrace common provincial priorities.

Supporting Points:

- Revising and refocusing the OPHS and reporting requirements would allow PHUs to better prioritize efforts and resources.

Ministry of Health

**Public Health and Emergency Health Services
Modernization**
Consultation Session in Peel Region
January 8, 2020

Ontario

Agenda

	Time	Topic
1	9:00 - 9:45	Welcome and Update on Public Health Modernization
2	9:45 - 10:30	Discussion on Public Health Modernization
3	10:30 - 11:00	Break
4	11:00 - 12:15	Discussion on Public Health Modernization Cont.
5	12:15 - 12:30	Wrap-Up & Next Steps
6	12:30 - 1:00	Lunch
7	1:00 - 2:00	Discussion on Municipal Perspective
8	2:00 - 2:30	Welcome and Update on EHS Modernization
9	2:30 - 3:45	Discussion on EHS Modernization
10	3:45 - 4:00	Wrap-Up & Next Steps

Ontario


Ministry of Health

Public Health Modernization
Consultation Session in Peel Region
January 8, 2020

Ontario

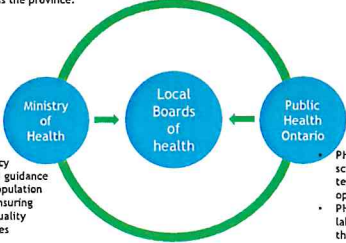
Background

- The Ontario government is transforming the whole health care system to improve the patient experience and strengthen local services.
- A clear opportunity has emerged to transform and strengthen the role of public health.
- There has been a reset in the approach to modernizing public health - there are no pre-determined outcomes of these consultations.
- We acknowledge there are concerns in the sector about change and understand change can be difficult. But the status quo isn't an option - you have told us so.
- We want to hear from you about how to address the challenges in the sector and improve services to our communities.

4 


Public Health Model

Ontario's public health model is unique in Canada; it involves shared authority and accountability at both the provincial and local municipal levels. This allows the system to be flexible enough to meet local needs effectively, while having the ability to coordinate measures, programs, services and responses across the province.




- Provides policy direction and guidance to support population health and ensuring delivery of quality health services
- PHO provides scientific and technical advice and operational support. PHO also provides laboratory services to the public health field


Areas work to support local boards of health in providing programs and services that improve the health outcomes of the populations they serve

5 

Public Health Mandate in Ontario






Mandated programs and services are outlined in the Ontario Public Health Standards and are aimed at improving health outcomes at all life stages.




6 

Current State


- 35 public health units/boards of health
- 5 different governance structures
- \$1.0 billion total provincial funding
- Alignment with municipal boundaries and majority municipal representation on boards of health

Ontarians Served	 34,246 – 2,771,770	Size of Catchment Area	 630 – 266,291 km ²
Staff	 6,876 +39 to 1,473 per PHU	Office Locations	 207 +1 to 26 per PHU
Public Health Work Force		Medical Officers of Health, Associate Medical Officers of Health, Nurses, Inspectors, Dentists, Registered Dietitians, Health Promoters, Epidemiologists etc.	

7 

What We've Heard So Far

- We have received over 100 responses to the discussion paper survey to date, many from individuals working in public health.
- Respondents are echoing the strengths that have been identified in the discussion paper and value of public health's local service delivery.
- Responses include how the challenges identified in the paper are experienced on the ground and thoughtful ideas on how to address them.
- We are looking forward to future in-person consultation sessions throughout the winter.

8 




Why Modernize Public Health?


"Ontario needs a public health system that is ready and able to respond to 21st century challenges."

It must be strong and flexible, and integrated both within the province and the broader national and international context.

A patchwork of programs and services and of health units of varying size, capacity and skills does not provide Ontarians with the sort of care and protection they deserve."

CRC 2006
9

-  Ontario's health landscape has changed - there are unpredictable and unprecedented threats to the public's health that require a modernize public health sector.
-  As the broader health system transforms, the opportunity exists to strengthen public health as a foundational partner in improving the health of Ontarians.
-  A series of reports over the last 20 years have consistently identified challenges in the sector called for reforms to public health.



A Vision for a Modern Public Health System

Ontario has a coordinated public health sector that is nimble, resilient, efficient and responsive to the province's evolving health priorities.

- 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
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and prevention
- Unlocking and promoting leading innovative practices and key strengths from across the province
- Improved public health delivery and the sustainability of the system

10

Discussion Paper

The discussion paper identifies key challenges in the public health sector, including:

- the current state of each challenge
- strengths to build on in addressing the challenge
- questions for discussion

	Current Challenges	What We Want to Achieve
Insufficient Capacity	Challenges relating and recruiting skilled public health personnel resulting in uneven service delivery across Ontario Health care crisis and surge capacity in some regional public health units resulting in lack of capacity for public health response	Highly skilled public health workforce and improved access to professional resources available in all parts of Ontario Flexible response to emerging public health threats and emergencies
Missed Opportunities	Instances of engagement with the broader health system and social services resulting in added complexity for collaboration and missed opportunities	Continuous local collaboration with health and social services to improve population health
Duplication of Effort	Duplication and lack of coordination resulting in duplicated between resource products, policy and delivery	Strengthened research capacity, knowledge exchange and common evidence base to support shared priority setting
Inconsistent Priority Setting	Inconsistencies in priority setting and decision making across the province	Strong accountability, leadership and governance capacity that balances local needs and system priorities

Leverage Existing Strengths

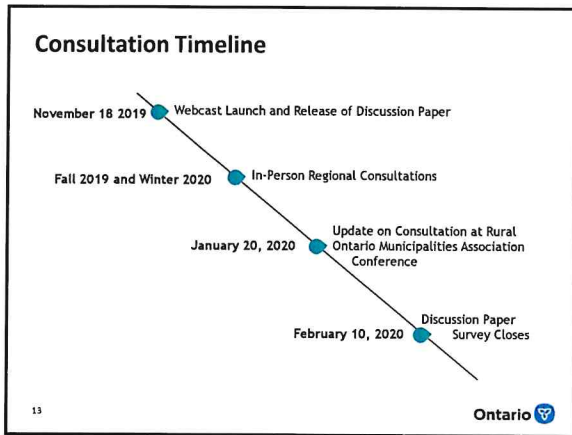
- Focus on health promotion, health prevention and health equity
- Local practices and relationships with municipalities
- Healthy communities approach
- In-depth understanding of population health needs
- Collaborative relationships outside the health care system

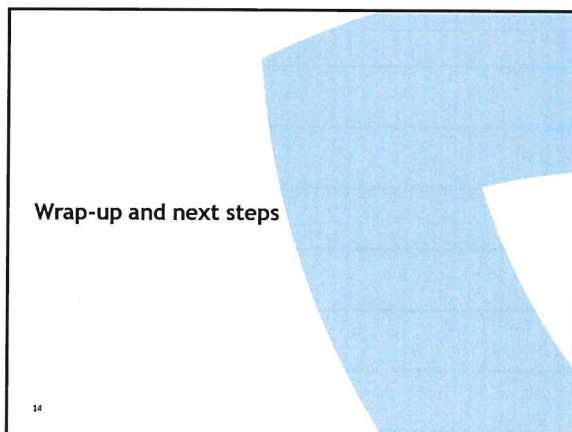
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For Discussion

- What do the challenges and strengths identified in the paper look like in your area?
 - What are the strengths of public health in your area? What is working well?
 - What are the challenges of your area? What is not working well?
- What proposals do you have for addressing the challenges that have been identified? How could public health work better in your area?
- What changes should there be to the existing roles and responsibilities in public health?
- How should public health be best organized for the public health unit and for the broader provincial public health system?
- Thinking in your local context:
 - What opportunities currently exist to help build stronger relationships between public health units and Indigenous communities?
 - What has been successful/working well?
 - Please describe any opportunities for the future to improve/help strengthen Indigenous representation and decision-making within the public health domain?
- In the local context, what has been successful and what could be improved when considering the needs of Francophone populations in the delivery of public health services?

12







Appendix - Public Health Modernization

16

Key Challenge:
Insufficient Capacity

Current State


- The capacity of public health units varies significantly.
- Some public health units have difficulty with recruitment and retention, some lack the minimum amount of resources, expertise and capacity needed to deliver all programs and services.
- This has resulted in inequities in service delivery across the province.

Strengths to Build On

- The public health sector leverages strong local relationships and partnerships that allows its work to be based in and responsive to its communities.

Questions for Discussion:

- What is currently working well in the public health sector?
- What are some changes that could be considered to address the variability in capacity in the current public health sector?
- What changes to the structure and organization of public health should be considered to address these challenges?

17 

Key Challenge:
Misalignment of Health, Social, and Other Services

Current State


- There are barriers to collaborating effectively among public health, health care and social services.
- This locks the value of public health away in siloes and makes the work of public health harder to do by impeding progress on key public health goals.

Strengths to Build On

- Public health is a broker between the health system and social services, supporting individuals and communities as they engage across sectors.
- Public health's understanding of local health needs can help identify top priorities for the health system and inform health policies and services.

Questions for Discussion:

- What has been successful in the current system to foster collaboration among public health, the health sector and social services?
- How could a modernized public health system become more connected to the health care system or social services?
- What are some examples of effective collaborations among public health, health services and social services?

18 

Key Challenge:
Duplication of Effort

Current State


- Within the public health system there is duplication, unnecessary redundancies, inconsistencies and lack of coordination.
- This is seen in the areas of research, development of evidence products, and data collection and systems, but exists in other areas as well.
- Addressing the duplication and lack of coordination can strengthen research capacity, knowledge exchange and shared priority setting among public health units.

Strengths to Build On

- One of the strengths of the public health sector is its expertise in population health assessment, data and analytics related to population level health.

Questions for Discussion:

- What functions of public health units should be local and why?
- What population health assessments, data and analytics are helpful to drive local improvements?
- What changes should the government consider to strengthen research capacity, knowledge exchange and shared priority setting for public health in the province?
- What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level? Or by Public Health Ontario?
- Beyond what currently exists, are there other technology solutions that can help to improve public health programs and services and strengthen the public health system?

19 

Key Challenge:
Inconsistent Priority Setting

Current State


- The balance of local needs and system priorities for decision making is different across the province.
- To address critical public health challenges that are facing Ontario public health units need to be aligned with one another and focused in their response, while also being responsive to their own local needs and issues.

Strengths to Build On

- Public health units are embedded in their local communities and deeply aware of the issues and opportunities that can affect their population's health.

Questions for Discussion:

- What processes and structures are currently in place that promote shared priority setting across public health units?
- What should the role of Public Health Ontario be in informing and coordinating provincial priorities?
- What models of leadership and governance can promote consistent priority setting?

20 


Key Challenge:
Indigenous and First Nation Communities

Current State

- Historically, relationships between Indigenous communities/organizations and boards of health have varied across the province, and jurisdictional responsibilities split between the federal and provincial governments.
- To improve the access issues currently experienced, it is fundamental to recognize that the approach to Indigenous engagement will differ across the province and within communities, depending on local culture and demographics, proposed initiatives and existing relationships.
- There are currently three formal agreements in place in the province where First Nation communities have agreed to purchase services from their local public health unit (as per section 50, under the Health Protection and Promotion Act).

Questions for Discussion:

- What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations?
- Are there opportunities to strengthen Indigenous representation and decision-making within the public health sector?

21 


Francophone Communities

Current State

- The French Language Services Act (FLSA) does not currently apply to boards of health.
- The Ontario Public Health Standards address the needs of the Francophone populations and state that "boards of health should bear in mind that in keeping with the FLSA, services in French should be made available to French-speaking Ontarians located in designated areas."
- The Ontario Public Health Standards also require boards of health to consider the needs of priority populations in the planning, delivery and evaluation of public health programs and services.

Questions for Discussion:

- What has been successful in the current system in considering the needs of Francophone populations in planning, delivery and evaluation of public health programs and services?
- What improvements could be made to public health service delivery in French to Francophone communities?

22 


Learning from Past Reports

Current State

- The issues outlined above (among others) have been identified and considered by many reports.
- These reports have consistently called for significant reforms to public health to strengthen the sector.

Questions for Discussion:


- What improvements to the structure and organization of public health should be considered to address these challenges?
- What about the current public health system should be retained as the sector is modernized?
- What else should be considered as the public health sector is modernized?

23 

Ministry of Health

Emergency Health Services Modernization

Consultation Session in Peel
January 8, 2020



Governance Meeting

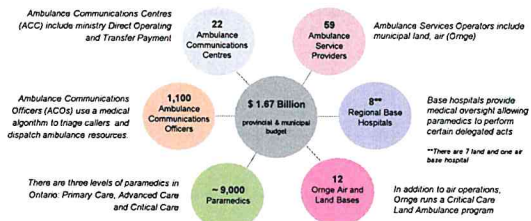
Context

- The Ontario government is transforming the whole health care system to improve the patient experience and strengthen local services.
- As the Ministry of Health works with our system partners to end hallway health care, it will be important to involve the organizations that deliver pre-hospital care in meeting that goal.
- It is key to the success of the broader health system that emergency health services be strengthened, better coordinated and modernized to respond to the changing needs of Ontario's communities.
- As you know, the EHS sector went through significant transformation in the late 1990s when municipal land ambulance services were transferred to municipalities.
- In 2017, there were some needed updates to the Ambulance Act, and as of November 1, 2019 new regulations support new models of care for some 911 patients.
- However, key challenges remain and we want to hear from you about how to address those challenges and improve services to our communities.

2



Current State



26



Consultation Timeline



4




Discussion Paper


The discussion paper identifies key challenges in the EHS sector, and outlines:

- the current state of each challenge
- questions for discussion

Key Challenges include:

- Outdated dispatch technologies
- Lengthy ambulance offload times and delays in transporting medically-stable patients
- Lack of coordination among EHS system partners
- Need for innovative models that improve care
- Health equity, or access to services across regions and communities.



5 


Key Challenge:
Outdated Dispatch Technologies

Current State

- Reports and stakeholders have called for upgrades to the province's Ambulance Communications Centre technologies to support improved responses, resource allocations and patient outcomes.
- Improvements to dispatch technologies will help ensure the right patients enter the hospital system at the right time.
- Ensuring that ambulance services deliver only those who require hospital care to emergency departments is essential to addressing hallway health care.

Questions for Discussion:

- Beyond the foundational technologies currently in implementation – Computer-Aided Dispatch, medical triage system, updated phone systems, updated radio network and equipment, and real-time data exchange – are there other technologies or technological approaches that can help to improve responses to 911 calls and increase the efficient use of resources in the EHS system?
- How can communication between dispatch centres, land ambulance services, and air ambulance be improved?
- Are there local examples of good information sharing between paramedic services, hospitals and/or other health services?

6 


Key Challenge:
Lengthy Ambulance Offload Times and Delays in Transporting Medically-Stable Patients

Current State

- When paramedics must wait to transfer patients in emergency departments to the care of the hospital, it contributes to hallway health care.
- Paramedics and their ambulances waiting to offload patients are then not available to the community for emergency calls, nor are they able to move medically stable patients who need timely access to care, such as dialysis and medical imaging.

Questions for Discussion:

- What partnerships or arrangements can improve ambulance offload times?
- What other interventions would be helpful to address ambulance availability?
- How can we best ensure that medically stable patients receive appropriate transportation to get the diagnostics and treatments they need?
- How do we respond to the transport of medically stable patients in a way that is appropriate to local circumstances (e.g., less availability of stretcher transportation services)?
- Should there be changes to oversight for private stretcher transport systems to ensure safety for medically-stable patients?

7 


Key Challenge:
Lack of Coordination among EHS System Partners

Current State

- Emergency health services are intended as a quick response to stabilize patients and safely transport them to hospital or help them safely access primary care at great distances.
- However, jurisdictional issues and communications between and among ambulance communications centres, land ambulance service operations and air ambulance can create challenges to getting appropriate services to patients.
- This also extends to connections between EHS and other parts of the health care system.

Questions for Discussion:

- How can land ambulance and air ambulance systems be better coordinated to address transportation of medically-stable patients, especially in the North?
- How might municipal land ambulance services address "cross-border calls" to ensure that the closest ambulance is sent to provide care of patients?
- How can relationships be improved between dispatch centres and paramedic services?
- How can interactions between EHS and the rest of the health care system be improved (e.g., with primary care, home care, hospitals, etc.)?

8 


Key Challenge:
Need for Innovations that Improve Care

Current State

- Innovation at local levels can often be replicated to other regions and care situations.
- EHS is both a health and social service and can benefit from community integration and alignment.
- As part of this consultation, we are actively seeking where communities and regions have had success in delivering health related services or found ways to reduce barriers to care.

Questions for Discussion:

- What evaluated, innovative models of care can be spread or scaled to other areas, as appropriate?
- Are there new or different approaches to delivery that could be considered as part of a modern EHS system?
- As new models of care for selected 911 patients are piloted, how can we adapt these models to elsewhere in the province, and how can we encourage uptake? What needs to be standardized versus locally-designed?
- How can community paramedicine fill gaps in health care services for Ontarians, and how should this be implemented, scaled, or spread across the province?

9 


Key Challenge:
Health Equity: Access to Services Across Regions and Communities

Current State

- Health care access for remote and northern Indigenous communities is an ongoing issue and concern.
- In the north, land access issues create pressures on both land and air ambulance services where they are primary responders to communities that are difficult to reach by road.
- In the EHS sector, ambulance communications centres must adhere to requirements outlined in the French Language Services Act, as well as air ambulance services delivered by Ornge.
- Through consultation we want to learn about improvements that could be made to the provision of services in French to Francophone communities.

Questions for Discussion:

- What initiatives could improve delivery of emergency health services to Indigenous communities?
- How can EHS services be more sensitive to the unique needs of Indigenous people, including providing culturally safe care?
- How can EHS support First Nations in creating better services for pre-clinic services in far northern communities?
- What improvements to EHS can be made for rural areas?
- Are there opportunities for partnerships to align and improve health and social services in rural and northern areas?
- Are there opportunities to address social determinants of health and health disparities in rural, remote and Northern regions to reduce the need for EHS transport of patients out of these regions?
- What improvements could be made to the provision of services in French to Francophone communities?

10 

Survey submissions are being accepted until
February 10, 2020

If you have any questions, please email
ehsphmodernization@ontario.ca

Thank you for attending.

11

For Discussion

1. What do the challenges and strengths identified in the paper look like in your area?
 - a. What are the strengths of public health in your area? What is working well?
 - b. What are the challenges of your area? What is not working well?
2. What proposals do you have for addressing the challenges that have been identified?
How could public health work better in your area?
3. What changes should there be to the existing roles and responsibilities in public health?
4. How should public health be best organized for the public health unit and for the broader provincial public health system?
5. Thinking in your local context:
 - a. What opportunities currently exist to help build stronger relationships between public health units and Indigenous communities?
 - b. What has been successful/working well?
 - c. Please describe any opportunities for the future to improve/help strengthen Indigenous representation and decision-making within the public health domain?
6. In the local context, what has been successful and what could be improved when considering the needs of Francophone populations in the delivery of public health services?

Public Health Modernization
Draft Key Messages for BOH re: Consultation process
In Person Consultation – Speaking Points

This document summarizes the planned HPEPH speaking points, in response to anticipated questions at the in-person consultation session.

Q: What do the challenges and strengths identified in the (consultation) paper look like in your area?

What are the strengths of public health in your area? What is working well?

- A strong local public health presence ensures understanding of local health issues and ability to be responsive and flexible to local community needs.
- A strong physical presence in local communities improves equitable access to all vulnerable populations.
- Having an MOH positioned at our local PHU allows the authority and flexibility to identify and address priority needs in the community.
- Representation from and connections with local municipalities enables meaningful engagement opportunities with supporting communities, sectors, and organizations.

What are the challenges in your area? What is not working well?

- In order to meet the requirements of the OPHS, our existing resources are already spread very thin. (Dr. Oglaza to provide example.)
- While the OPHS set common standards, they are very broad and do not empower PHUs to identify and embrace common provincial priorities.
- Unclear or overlapping mandates between Public Health and other sectors results in confusion about roles. (Dr. Oglaza to provide example.)
- Reporting and accounting requirements are cumbersome and do not result in outcomes-based data.
- There is duplication taking place at PHUs across the province, with respect to resource development/usage, back office services, and priority setting.

Q: What proposals do you have for addressing the challenges that have been identified? How could public health work better in your area?

- Encouraging voluntary amalgamations between PHUs with populations of under 300,000 will achieve desired efficiencies while simplifying the modernization process.
- Establishing centralized services, mutual aid agreements, and/or shared service will help maximize existing resources and improve capacity across the province.
- Establishing common provincial priorities (3) and enabling PHUs to identify local priorities (2) would enable each agency to work towards shared provincial goals, while customizing programs to meet community needs.

- Improving clarity and coordination of mandates across PHUs and between other health care and social services agencies would help reduce duplication and improve collaboration.
- Revising and refocusing the PH standards and reporting requirements would allow PHUs to better prioritize efforts and resources.

Q: What changes should there be to the existing roles and responsibilities in public health?

- Maintaining a strong local public health presence, to ensure understanding of local health issues and ability to be responsive and flexible to local community needs.
- Leveraging the authority and expertise of the Chief MOH, in consultation with local MOHs, in provincial priority setting would allow identification and implementation of provincial priorities for public health.
- Improving clarity and coordination of mandates across PHUs and between other health care and social services agencies would help reduce duplication and improve collaboration.
- Leveraging the role of PHO to provide enhanced support and expertise, as well as provide a shared repository of high quality of resources, would improve consistency of service across the province.
- Ensuring community needs are addressed and responded to through local MOH or Associate MOH presence.

Q: How should public health be best organized for the public health unit and for the broader provincial public health system?

- Encouraging voluntary amalgamations between PHUs with populations of under 300,000 will achieve desired efficiencies while simplifying the modernization process.
- Ensuring that any amalgamated agencies serve a population size of 300,000-500,000 that allows for maximum efficiency
- Establishing centralized services, mutual aid agreements, and/or shared service will help maximize existing resources.
- Implementing a Health in all Policies approach (HIAP) across all provincial ministries would ensure that work in other sectors is not counterproductive to public health efforts.
- Establishing common provincial priorities (3) and enabling PHUs to identify local priorities (2) would enable each agency to work towards shared provincial goals, while customizing programs to meet community needs.

Q: Thinking in your local context:**A. What opportunities currently exist to help build stronger relationships between public health units and Indigenous communities?**

- More work is needed with various Indigenous groups to better understand their needs, identify and address health inequities, and to do so in a culturally sensitive manner.

B. What has been successful/is working well?

- Identifying indigenous engagement as a public health standard has ensured it is a priority for all PHUs.
- Existing relationships with indigenous communities at the local level allow for meaningful and respectful engagement.
- Existing flexibility to engage local indigenous populations and develop unique collaboration approaches has helped successfully and respectfully build relationships.

C. Please describe any opportunities for the future to improve/help strengthen Indigenous representation and decision-making within the public health domain?

- It is essential that engagement with Indigenous communities continue to be a priority for public health, but in addition, PHUs should work towards the legislation outlined in the HPPA (Section 50).

Q: In the local context, what has been successful and what could be improved when considering the needs of Francophone populations in the delivery of public health services?

- Work that is underway by Ontario Health has helped ensure regional leadership and support to ensure meaningful delivery of frontline French Language Speaking (FLS) health care services.
- An FLS lead could be identified within designated PHUs for FLS, and this could be formalized by accountability standards
- Establishing a repository of FLS resources at a provincial level, and frontline service support for FLS at a regional level, would help improve our ability to serve this population.
- Provincial coordination between other health care providers and/or social service providers offering FLS services could identify potential to share resources or strategies.