



**THE REGIONAL MUNICIPALITY OF PEEL
HEALTH SYSTEM INTEGRATION COMMITTEE**

REVISED AGENDA

HSIC - 1/2019

DATE: Thursday, May 16, 2019

TIME: 9:30 AM – 11:00 AM

LOCATION: Regional Council Chamber, 5th Floor
Regional Administrative Headquarters
10 Peel Centre Drive, Suite A
Brampton, Ontario

MEMBERS: J. Downey; A. Groves; C. Fonseca; N. Iannicca; C. Parrish;
P. Saito; P. Vicente

ADVISORY MEMBERS: B. Carr; M. DiEmanuele; S. McLeod; S. Smith

- 1. ELECTION OF THE CHAIR AND VICE CHAIR**
- 2. DECLARATIONS OF CONFLICTS OF INTEREST**
- 3. APPROVAL OF AGENDA**
- 4. DELEGATIONS**
- 5. REPORTS**
 - 5.1. Overview of the Health System Integration Committee (For information)
 - 5.2. Overview of Health System Directions and Current Health Policy Priorities - A Region of Peel Perspective (For information)
Presentation by Brian Laundry, Director, Strategic Policy and Performance
 - 5.3. Questions for the Province with Respect to Public Health Unit Modernization
- 6. COMMUNICATIONS**
- 7. IN CAMERA MATTERS**

8. OTHER BUSINESS

- 8.1 Council Resolution Regarding Provincial Announcements Related to Public Health and the Paramedic Services System **(As requested at the April 25, 2019 Regional Council meeting)**

9. NEXT MEETING

Thursday, October 17, 2019, 1:00 p.m. - 2:30 p.m.
Council Chamber, 5th Floor
Regional Administrative Headquarters
10 Peel Centre Drive, Suite A
Brampton, Ontario

10. ADJOURNMENT

For Information

DATE: May 9, 2019

REPORT TITLE: **OVERVIEW OF THE HEALTH SYSTEM INTEGRATION COMMITTEE**

FROM: Nancy Polsinelli, Commissioner of Health Services

OBJECTIVE

To provide an overview of the Health System Integration Committee, including its membership and mandate for the next term of council.

REPORT HIGHLIGHTS

- The Health System Integration Committee was established on April 9, 2015 to provide advice and direction on Peel's health system to address issues related to capacity and the integration of Regional programs.
- On December 13, 2018, Committee membership for the 2018-2022 term was confirmed, providing an opportunity to continue the mandate of the Committee and identify opportunities for dialogue between the Region's Health Services and other local health system partners.
- A copy of the Terms of Reference is included as Appendix I. These terms of reference may require changes as a result of ongoing health system transformation.

DISCUSSION

1. Background

The Health System Integration Committee (Committee) was established by Regional Council on April 9, 2015 under Resolution 2015-221 for the 2014-2018 term of council. The Committee provides a platform for the Region and other health system partners to discuss system capacity and other issues facing the local health system in Peel. With a vision of Community for Life, Committee deliberations encompass services across the Corporation that intersect with the health system. This Committee also facilitates important dialogue with other health system stakeholders including both Local Health Integration Networks (LHINs) that serve Peel and representation from the two local hospital corporations who participate on the committee in an advisory role. Additionally, the Committee invites other health system stakeholders and partners (i.e. Ministry of Health and Long-Term Care and local health service providers) to delegate and support dialogue at this forum.

OVERVIEW OF THE HEALTH SYSTEM INTEGRATION COMMITTEE**a) Overview of the Local Health System**

The Region of Peel plays a key role in the local health system as a service provider and a level of government that is mandated to address issues related to the health and well-being for all residents in Peel. In addition, the Region is actively involved in representing community interests through planning and resident engagement on health issues, in partnership with the LHINs, area hospitals, and other service providers.

The Ministry of Health and Long-Term Care (MOHLTC) provides oversight and sets provincial priorities, including policy directions for funding, performance, accountability and reporting for both upper and single-tier municipalities. Local government, including the Region of Peel, is responsible for funding and delivering select health services in partnership with the provincial government. In Peel, this includes Public Health, Peel Regional Paramedic Services, LTC and Community Support Services. Public Health and Paramedic Services are accountable to the MOHLTC directly, while LTC and Community Support Services have accountability agreements with the LHINs. The Region of Peel provides additional funding across all these program areas to ensure high quality service delivery.

On Thursday, April 18, 2019, the Provincial government passed the *People's Health Care Act, 2019* to enable both functional and structural changes to the governance and oversight of Ontario's health system. Among proposed changes is the dissolution of the 14 LHINs (including Central West and Mississauga Halton, serving Peel) and several other agencies to create a centralized oversight agency called Ontario Health. While these changes do not have any immediate impacts in oversight or service delivery in Peel, over time, this will impact funding and oversight agreements for Regional health services and relationships with local health system partners.

At this time, LHIN governance has shifted to the Board of Directors for Ontario Health, but LHIN functions remain unchanged until further notice. Both the Central West and Mississauga Halton LHINs continue to work with health service providers in Peel to deliver and coordinate home and community care, manage LTC placement, facilitate primary care planning, lead sub-regional planning, address issues that impact health equity and maintain formal linkages with public health units.

2. Membership and Mandate

Committee membership for the 2018-2022 term was established at the December 13, 2018 Regional Council meeting and includes the Regional Chair (ex-officio) and six Regional Councillors as provided in the terms of reference.

In the 2014-2018 term, the Committee membership was expanded to include key external stakeholders as advisory members. The inclusion of advisory membership is an important opportunity for collaboration and broad system level discussion around issues of integration and addressing shared challenges around capacity. Advisory members do not hold voting rights and do not count toward quorum.

5.1-3

OVERVIEW OF THE HEALTH SYSTEM INTEGRATION COMMITTEE

Currently, advisory Membership include:

- CEO, Mississauga Halton Local Health Integration Network
- CEO, Central West Local Health Integration Network
- President & CEO, William Osler Health System
- President & CEO, Trillium Health Partners

As ongoing health system transformation moves forward, advisory membership on the Committee will need to evolve to ensure relevant health system partners are engaged. The current Terms of Reference, included as Appendix I, will also need to be adapted to reflect any changes to membership, once timelines for provincial health system transformation are clear.

The purpose of the Committee, as outlined in the Terms of Reference (Appendix I), is to provide advice and direction to further advance integration and coordination between the Region's own services with the rest of the local health system. In the context of a new provincial government and pending changes to health system delivery, the Committee's support of collaborative dialogue and decision making will help to ensure the needs of Peel residents are met.

The Committee's priorities have centred on the role of Regional programs in relation to the provincial government and LHINs; specifically, on how services can be better integrated and improved to meet the changing needs of Peel residents across their lifespan. Examples include policy direction related to health system transformation under the *Patients First Act*, and continued advocacy for health-related issues such as ambulance dispatch reform and mental health and addictions underfunding and integration. A report titled "Health System Integration Committee Summary Report" was presented to the May 17, 2018 Committee meeting and provides a detailed overview of committee meetings during the previous term of council including key topics of discussion and outcomes achieved. A copy of this report is available on the Region of Peel website.

The structure of the Committee has served as a catalyst for advancing broader policy and integration discussions. The Region of Peel works through the Committee to advocate to other levels of government to support the residents of Peel by advocating for system level planning and funding, as well as addressing system pressures, gaps in service and emerging issues, such as Peel's role in health system planning and delivery. Further details about current policy priorities and opportunities are articulated in the companion report titled, "Overview of Health System Directions and Current Health Policy Priorities – A Region of Peel Perspective".

OVERVIEW OF THE HEALTH SYSTEM INTEGRATION COMMITTEE**CONCLUSION**

The Health System Integration Committee plays an important role in policy and integration discussions within the local health system in Peel. Working in partnership with local health system partners, this committee will continue to identify areas of opportunity to improve Regional Health Services and optimize health outcomes for Peel residents.

Approved for Submission:

N. Polsinelli, Acting Chief Administrative Officer and
Commissioner of Health Services

APPENDICES

Appendix I - HSIC Terms of Reference

For further information regarding this report, please contact Brian Laundry, Director Strategic Policy and Performance, Ext. 2514 Brian.Laundry@Peelregion.ca.

*Authored By: Nicole Britten, Advisor, Strategic Policy & Performance, Ext. 4707
nicole.britten@peelregion.ca.*

**APPENDIX I
OVERVIEW OF THE HEALTH SYSTEM INTEGRATION COMMITTEE**

Health System Integration Committee Terms of Reference

Revised: October 19, 2017

Name:

Health System Integration Committee shall be referred to herein as “the Committee”

Mandate:

The purpose of the Committee will be to advise and provide direction on issues related to Peel’s health system to advance integration of Regional programs. The priorities of the Committee will be developed through policy discussions about the role that Regional programs play in relation to the province and the Local Health Integration Networks (LHINs), and how the integration of those services that fall outside of the LHIN’s framework (e.g. Paramedic Services and Public Health), can be improved to better serve the health requirements of Peel residents across the lifespan.

Membership:

The Committee will be comprised of at least seven members of Regional Council and not more than four external stakeholders in an advisory capacity as outlined below:

- Chief Executive Officer, Mississauga Halton Local Health Integration Network
- Chief Executive Officer, Central West Local Health Integration Network
- President & Chief Executive Officer, Trillium Health Partners; and
- President & Chief Executive Officer, William Osler Health Centre

The external stakeholders listed above are appointed in an advisory capacity and therefore would hold no voting rights and would not count towards quorum. These stakeholders may send a designate if they are unable to attend a meeting.

Ad hoc senior level executives with relevant expertise to meeting agendas will be invited in an advisory capacity.

Term of Appointment:

Members of the Committee shall be appointed for a term ending upon the dissolution of the Committee or at the end of the term of Council, whichever comes first.

Chair and Vice-Chair: (to be elected)

Quorum:

Quorum will consist of the majority of the total number of Council members of the Committee

Reporting Function:

The Committee will report to Regional Council. The minutes of each Committee meeting will be placed on the next available Council Agenda for approval.

**APPENDIX I
OVERVIEW OF THE HEALTH SYSTEM INTEGRATION COMMITTEE**

Meeting Frequency:

The meeting frequency will be determined by the committee.

Meeting Structure:

The Committee meeting structure will follow the same rules as laid out in the Region of Peel's current Procedure by-law.

In-Camera:

The Committee reserves the right to go in-Camera for matters that meet the requirements of an in-camera discussion.

Staff Resources:

The Committee will be supported by staff from the Office of the Regional Clerk and the Health Services department.

For Information

DATE: May 9, 2019

REPORT TITLE: **OVERVIEW OF HEALTH SYSTEM DIRECTIONS AND CURRENT HEALTH POLICY PRIORITIES - A REGION OF PEEL PERSPECTIVE**

FROM: Nancy Polsinelli, Commissioner of Health Services

OBJECTIVE

To provide an overview of current provincial directions related to health system transformation and outline ongoing policy and advocacy priorities from a local health system perspective.

REPORT HIGHLIGHTS

- *The People's Health Care Act, 2019* enables significant reforms to the structure and oversight of Ontario's health system. Over the longer term, this will have implications for oversight and funding mechanisms of Regional health service programs including Long Term Care and Community Support Services.
- The Provincial government's 2019-20 budget also outlined significant changes to health care delivery in Ontario to achieve integrated care and refocus investments to front-line care. These changes will impact programs and services delivered by the Region of Peel's Health Services department.
- The proposed modernization and consolidation of public health units and paramedic services will have considerable impact on the Region's role in service delivery and funding, but many details have not been confirmed.
- At a local level, challenges remain evident across the health system related to underfunding, demand for service that is outpacing supply, and a need for improved service integration across the system broadly.
- Several health-related policy and advocacy priorities related to paramedic services, mental health and addictions and supports for seniors remain relevant to the current policy context and our community.

DISCUSSION

1. Background

The mandate of the Health System Integration Committee (Committee), is to provide advice and direction to advance integration and coordination between the Region's own services and the rest of the local health system. The Committee provides a platform to discuss impending changes to the health system, including potential impacts to system capacity and other issues facing the local health system in Peel.

OVERVIEW OF HEALTH SYSTEM DIRECTIONS AND CURRENT HEALTH POLICY PRIORITIES - A REGION OF PEEL PERSPECTIVE

a) Provincial Context

The current Provincial government has a strong focus on efficiency and eliminating the provincial deficit. These priorities continue to be echoed in recent legislation and budget announcements made by the Provincial government around modernizing the health system to improve system integration and sustainability. Provincial efforts to achieve efficiencies are expected to have an impact on funding for Regional health and social services.

The Ministry of Health and Long-Term Care has identified five key priorities for action - hospital overcrowding, long term care beds, more intensive and standardized home care, mental health and addictions, and capacity planning. Further, in January 2019 the Premier's Council on Improving Healthcare and Ending Hallway Medicine released their first report outlining key challenges in the system contributing to hallway health care. Challenges include difficulties with system navigation, capacity pressures that are increasing and the need for more effective integration. While the report does not include recommendations, it is anticipated that a follow up report will be released this spring/early summer with solution-focused recommendations to inform health system planning.

i) ***Bill 74: The People's Health Care Act (2019)***

The People's Health Care Act, 2019 (Act) enables both functional and structural changes to the governance and oversight of Ontario's health system. The formation of Ontario Health, a single oversight agency, is the first of many anticipated structural changes that will include amalgamation of 20 health agencies, including the 14 Local Health Integration Networks (LHINs). Both the Central West (CW) and Mississauga Halton (MH) LHINs that serve Peel are impacted by this change, and this will result in changes to relationships, funding and oversight agreements for Regional health services including long term care and community support services over the longer term.

With direction and funding from Ontario Health, groups of health service providers called 'Ontario Health Teams' will partner to provide integrated care delivery to patient groups within a specific geography across the care continuum. Further details about the Act and potential implications for local health services were reported to Regional Council on April 25, 2019 in the report from the Commissioner of Health Services, titled "Overview of Health System Transformation – A Region of Peel Perspective".

ii) **2019 Ontario Budget: Protecting What Matters Most**

While overall health sector spending did not increase significantly in the 2019-20 provincial budget, several health investments and announcements in the budget focused on generating cost savings while achieving greater system integration and modernizing service delivery. The budget also outlined key investments in several priority areas that align with existing Regional priorities including long term care beds, seniors' health (including dental care for low-income seniors and cross-governmental strategies to support seniors to live independently), and mental health and addictions services.

OVERVIEW OF HEALTH SYSTEM DIRECTIONS AND CURRENT HEALTH POLICY PRIORITIES - A REGION OF PEEL PERSPECTIVE

Most notably, the budget supported changes outlined in *The People's Health Care Act* including the consolidation of provincial health agencies including LHINs into Ontario Health and announced the Province's intentions to modernize and consolidate public health units, paramedic services and ambulance dispatch centres.

There is limited detail on the restructuring of paramedic services at this time, however details related to proposed governance and funding models for public health continue to emerge. Additional details regarding proposed changes for public health are included in the report from the Commissioner of Health Services, titled "Modernization of Ontario Public Health Units in the 2019 Ontario Budget", which was presented at the May 9, 2019 Regional Council meeting.

b) Local Context

Currently home to approximately 1.4 million residents, Peel's population continues to grow and is the second largest population in the Greater Toronto Area. By 2041 the population of Peel is expected to grow to 1,970,000 (a 41 per cent increase from 2011). Not only is Peel's population growing, it is aging as well. Peel's 65+ population grew by 30.2 per cent from 2011 to 2016. By 2041, the number of seniors in Peel is expected to increase by 134 per cent, from 177,000 to 415,000.

Rapid growth and aging continue to increase demand for health and social services in Peel and outpace available funding. Key examples of this underfunding include:

- Home care funding in the CW LHIN grew by only 1.2 per cent between 2013 and 2016-17 while the growth in clientele has been 18 per cent during the same period. Comparatively, the MH LHIN has fared more favourably, with 11 per cent funding growth between 2013 and 2016-17 and 8 per cent growth in clientele. As of 2018, the CW LHIN received \$2,779 per individual served, which was substantially below the provincial average of \$3,296.
- Per capita funding for mental health services in both LHINs serving Peel are among the lowest in Ontario. As of 2018, the CW LHIN and MH LHINs have received an annual amount of \$51.80 and \$41.01 per capita respectively, compared to the provincial average of \$82.45.

Underfunding in the system can lead to increased wait lists for community-based services such as the Adult Day Services program and burden emergency services (e.g. hospitals, paramedic services, police, and shelters). If service levels cannot keep up with demand, wait times will continue to grow which will increase costs to the system and contribute to challenges related to crowded emergency departments and hallway medicine.

2. Emerging Policy Priorities and Opportunities for Action

While the Provincial government's health system changes are intended to improve navigation and coordination of care, local challenges remain with underfunding, increasing demand for service and a poorly integrated system that continues to impact availability and quality of service. Within this environment the Region continues to provide excellent service

OVERVIEW OF HEALTH SYSTEM DIRECTIONS AND CURRENT HEALTH POLICY PRIORITIES - A REGION OF PEEL PERSPECTIVE

and is well positioned to lead and adapt to necessary changes given our strong focus on evidence-informed decision making, innovation and performance improvement efforts.

a) Ontario Health Teams

As the proposed health system transformation moves forward, the Health System Integration Committee (Committee) will be an important venue for identifying opportunities to optimize integration and inform local transformation. The province has committed to ongoing consultation with health service providers, including the municipal sector, as changes are implemented. As such, the Committee can play a key role in articulating Peel's perspective on system changes and identifying important questions for provincial decision makers.

Within Peel, both Trillium Health Partners and William Osler Health System are leading the submission of an expression of interest to become an Ontario Health Team. Regional staff have been engaged in both processes to consider the role and opportunity for integration as a partner across all Regional services.

b) Modernization of Public Health and Paramedic Services

The proposed modernization and consolidation of public health units will have considerable impact on the Region's role in public health service delivery as well as Regional funding for public health services. Under the proposed model, Regional Council will no longer serve as the Board of Health but Peel as a municipal government will be required to contribute a greater proportion of funding over time. This is in direct contrast with past advocacy efforts of the Association of Municipalities of Ontario (AMO) which have called on the province to ensure 'local say for local pay' and maintain existing cost sharing agreements with municipalities.

At the time of writing, there are limited details about provincial plans to modernize paramedic services and how consolidation will occur. As details regarding the modernization of both public health and paramedic services continue to emerge, staff continue to monitor provincial directions and will keep the Committee informed about potential implications at a local level and identify areas where further policy and advocacy discussion is required.

c) Continuing Policy and Advocacy Priorities

While advocacy is not explicit within the Committee's mandate, it is an important policy lever to affect change within the health system. Several issues that were relevant in the past Term of Council continue to be key advocacy priorities for the Health Services department in the current policy context. These include:

- Addressing system pressures for Paramedic Services
- Supports for seniors to enhance dementia and specialized services in long term care (e.g. Butterfly Care Model)
- Sustainable funding and community supports for seniors across the care continuum (including provision of services and integrated care at the Seniors Health and Wellness Village at Peel Manor)
- Challenges related to mental health and addictions funding and system integration

OVERVIEW OF HEALTH SYSTEM DIRECTIONS AND CURRENT HEALTH POLICY PRIORITIES - A REGION OF PEEL PERSPECTIVE

Staff continue to work towards advancing these council-endorsed advocacy priorities (Appendix I) on behalf of Peel's residents and identify emerging opportunities to influence policy directions in the context of health system transformation and funding reforms.

CONCLUSION

The current health system policy context is evolving, and structural changes to the health system will have considerable implications over the longer term. Staff will continue to monitor health system transformation to understand potential Regional impacts and seek opportunities for local system improvement. Several policy and advocacy priorities remain relevant to the current context and may need to be escalated with leadership and direction from Regional Council as a result of pending health system changes.

Approved for Submission:



N. Polsinelli, Acting Chief Administrative Officer and
Commissioner of Health Services

APPENDICES

Appendix I - Current Regional Policy Priorities and Opportunities for Action

For further information regarding this report, please contact Brian Laundry, Director, Strategic Policy and Performance, extension 2514, brian.laundry@peelregion.ca.

Authored By: Nicole Britten & Niyati Salker, Strategic Policy & Projects

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OVERVIEW OF HEALTH SYSTEM DIRECTIONS AND CURRENT HEALTH POLICY PRIORITIES – A REGION OF PEEL PERSPECTIVE**

Current Regional Policy Priorities and Opportunities for Action

PRIORITY: SYSTEM PRESSURES FOR PARAMEDIC SERVICES			
POLICY ISSUE	RELATED COUNCIL-ENDORSED ADVOCACY POSITION	PROVINCIAL STATUS/DIRECTION	EMERGING OPPORTUNITIES FOR ACTION
Ambulance Dispatch Reform	Provincial Dispatch Reform*	<ul style="list-style-type: none"> Public commitment from Ministry of Health and Long-Term Care (MOHLTC) to replace triage tool, and that the Mississauga CACC will be a priority for implementation Announcements in the provincial budget suggest investment in related technology improvements will move forward The provincial government has indicated plans to streamline dispatch service delivery by integrating Ontario's 59 emergency health services operators (52 municipal) and 22 dispatch centres with the goal of consolidating dispatch 	<ul style="list-style-type: none"> Continue to advocate for timely dispatch reform to improve efficiency and patient safety Explore alternative dispatch models in partnership with Halton to identify other opportunities to enhance dispatch centre operations and governance
Emergency Health System Modernization	Role of Paramedics in the Health System Hospital Nursing Program	<ul style="list-style-type: none"> Based on the recent announcements in the provincial budget 2019-20, the government continues to explore new models of care such as “treat and release” and “transport to alternate destinations” to improve care for patients and reduce cost While there have been significant improvements to offload delay over the past several years, offload continues to be an issue and funding for the Hospital Nursing Program has not been made permanent 	<ul style="list-style-type: none"> Research and report on development and implementation of other initiatives to modernize emergency health system locally (e.g. implementation of new models of care, addressing offload delay) Explore opportunities to advocate for the role of paramedics in the health system to achieve overall system improvements and efficiencies
PRIORITY: SUPPORTS FOR SENIORS IN LONG TERM CARE AND THE COMMUNITY			
POLICY ISSUE	RELATED COUNCIL-ENDORSED ADVOCACY POSITION	PROVINCIAL STATUS/DIRECTION	EMERGING OPPORTUNITIES FOR ACTION
Dementia and Specialized Supports for Seniors	Dementia Supports in LTC* Peel Manor Funding* Seniors Mental Health	<ul style="list-style-type: none"> There is alignment between the findings of the Butterfly model pilot and ongoing advocacy for dementia supports in LTC Provincial funding and supports are required to address the changing needs of seniors and effectively 	<ul style="list-style-type: none"> There is an opportunity/need to call on the provincial government to continue moving forward with the dementia strategy, highlighting models such as the butterfly care model as best practice and sharing evidence of effectiveness and outcomes. Peel is a

**APPENDIX I
OVERVIEW OF HEALTH SYSTEM DIRECTIONS AND CURRENT HEALTH POLICY PRIORITIES – A REGION OF PEEL PERSPECTIVE**

		implement person-centred care models like the Butterfly program in long term care	<p>leader in innovation, and this is something that can be promoted and leveraged</p> <ul style="list-style-type: none"> Staff continue to work towards a renewed advocacy strategy that will resonate with the new government's focus on efficiency and value for money
Home and Community Care Funding and System Reform	Funding Inequities in Home and Community Care* Integration of Home and Community Care	<ul style="list-style-type: none"> Funding remains a risk as the aging population continues to grow and Peel Region is substantially underfunded for home care on a per capita basis The government is investing \$267 million in additional funding for home and community care in the 2019-20 budget. It is not known whether funding will increase for services within Peel or for community support services provided by the Region 	<ul style="list-style-type: none"> Explore opportunities to make a strong case for upstream investment in home care, given potential cost savings for system and impact on hallway medicine Monitor how the investments announced in the 2019-20 budget could be allocated towards services in Peel to ensure a needs-based funding allocation Identify local opportunities to support ongoing system integration efforts that will support care in the community (e.g. seniors and housing)
Long-Term Care Home Redevelopment Funding	Peel Manor Funding*	<ul style="list-style-type: none"> Staff have been consistently informed that Peel Manor is ineligible for funding available for redevelopment through the Enhanced Long-Term Care Home Renewal Strategy. This leaves a \$30M shortfall in provincial capital funding for the project According to the Province's 2019-20 budget, \$1.75 billion will be allocated over the next five years to redevelop 15,000 long term care beds and add 15,000 new beds to provide more appropriate care to patients with complex health conditions 	<ul style="list-style-type: none"> Staff continue to explore opportunities to advocate for funding related to long term care home redevelopment and integrated models of care Further details about funding to redevelop beds announced in the 2019-20 budget are needed to determine if there is an opportunity to fund redevelopment at Peel Manor Given Peel Region's aging population there is a need to advocate for additional long term care beds within Peel
PRIORITY: CHALLENGES RELATED TO MENTAL HEALTH AND ADDICTIONS SYSTEM			
POLICY ISSUE	RELATED COUNCIL-ENDORSED ADVOCACY POSITION	PROVINCIAL STATUS/DIRECTION	EMERGING OPPORTUNITIES FOR ACTION
Mental Health & Addictions Funding and System Integration	Mental Health and Addictions Funding* Mental Health System Integration*	<ul style="list-style-type: none"> The provincial government has named mental health and addictions as a key priority of the Health portfolio. In 2019-2020 this will include an investment of \$174 million Under the new government, there is a risk that inequitable funding for Peel Region will continue. However, proposed investments announced for 2019-20 are in alignment with Regional advocacy for 	<ul style="list-style-type: none"> Initial directions towards system integration are promising as a needed improvement. Staff continue to monitor to understand the intent and impact of system changes Staff continue to advance mental health advocacy and are actively seek opportunities to influence provincial mental health directions

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OVERVIEW OF HEALTH SYSTEM DIRECTIONS AND CURRENT HEALTH POLICY PRIORITIES – A REGION OF PEEL PERSPECTIVE**

		<p>increased mental health and addictions services in Peel</p> <ul style="list-style-type: none"> As of October 29, 2018, responsibility for child and youth mental health services has been transferred from the former Ministry of Children and Youth Services to the MOHLTC Under the current Ontario Public Health Standards, Public Health is mandated to address mental well being and mental health promotion 	
PRIORITY: HEALTH SYSTEM TRANSFORMATION (STRUCTURE & FUNDING)			
POLICY ISSUE	RELATED COUNCIL-ENDORSED ADVOCACY POSITION	PROVINCIAL STATUS/DIRECTION	EMERGING OPPORTUNITIES FOR ACTION
Health System Function & Structure	Geography of Health Service Planning (Formerly LHIN Boundaries)	<ul style="list-style-type: none"> The <i>People's Health Care Act, 2019</i> enables changes to the structure and oversight of Ontario's health system including dissolution of the LHINs, and the creation of a centralized agency called Ontario Health to provide funding and oversight to the system The government has announced its plans to reorganize the province's existing 35 public health units into 10 regional public health entities and 10 new regional boards of health with a common governance model by 2020-21 Pending changes to Paramedic Services structure remain unclear but could include consolidation of services and introduction of new models of pre-hospital care 	<ul style="list-style-type: none"> Staff continue to be actively involved in planning Ontario Health Teams within Peel Ensure that municipal input is considered as the Ministry aims to develop a new public health structure Ensure that the municipal/provincial cost share formula balances cost and control – "local say for local pay" Continue to demonstrate the impact and value of Peel's Public Health Unit and benefit of working with partners within the Region and at a local level
Health System Funding		<ul style="list-style-type: none"> The current provincial government has a strong focus on efficiency and reducing the provincial deficit The provincial budget announced changes to existing cost-sharing agreements with municipalities (i.e. with public health and paramedic services). Funding models and allocation under new health system structure to be determined 	<ul style="list-style-type: none"> Monitor provincial directions related to health system spending to understand implications and need for advocacy Seek consultative opportunities to demonstrate Regional efficiencies, outcomes and value for money to the province related to Peel's programs and services

*denotes current Regional or Department advocacy priority



Introduction:

Health System Integration Committee (HSIC)

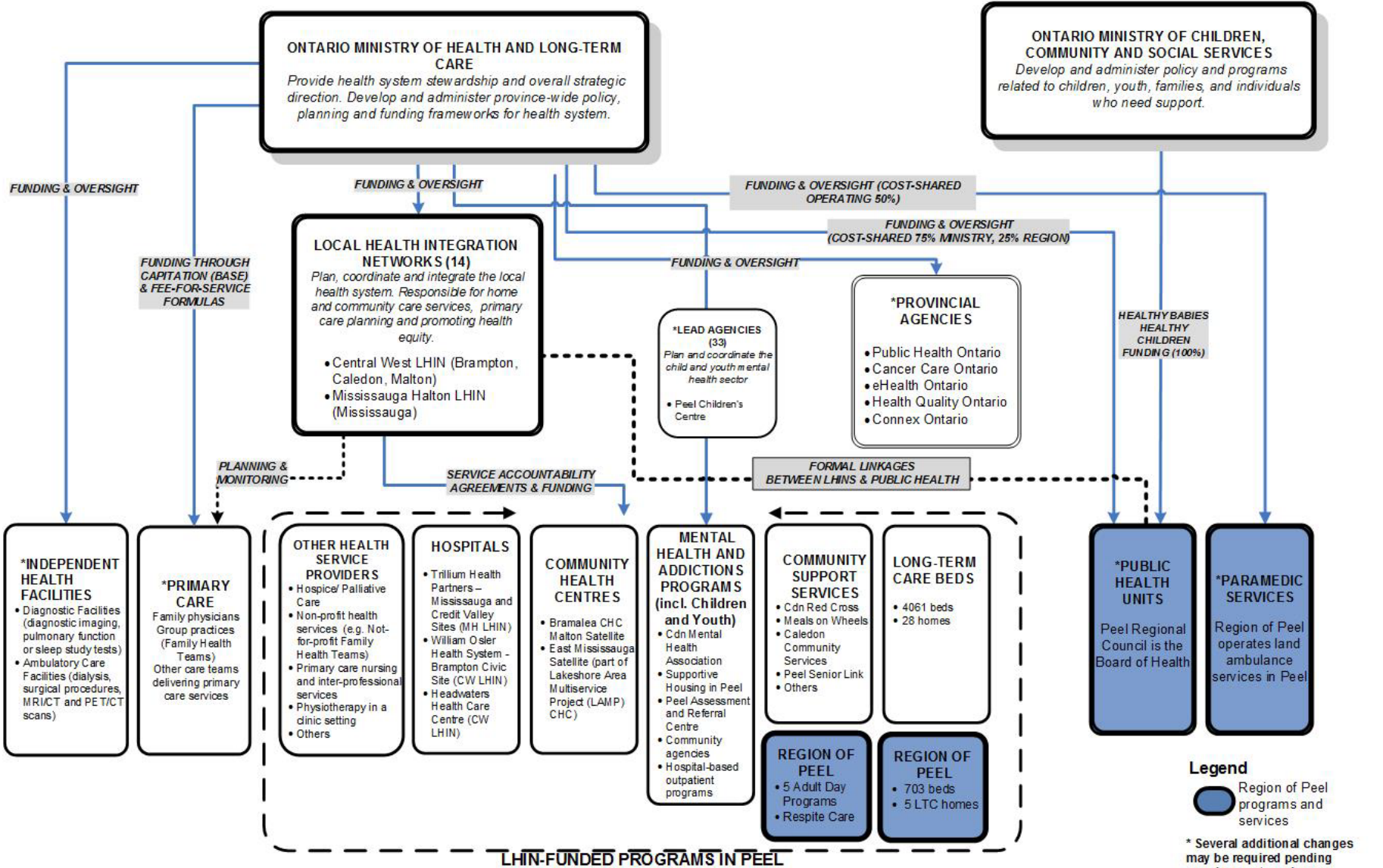
**An overview of mandate, current context and areas for discussion
for the 2018-22 term**

Brian Laundry,
Director, Strategic Policy & Performance, Health Services

May 16, 2019



Health System Overview



Legend

Region of Peel programs and services

* Several additional changes may be required pending ongoing system changes as per Bill 74.

HSIC Mandate

- Established on April 9, 2015
- Platform for the Region and health system partners to discuss:
 - System capacity and key system issues in Peel
 - Advancing integration and coordination of services
 - Opportunities for collaboration
- HSIC is a catalyst for advancing broader policy and system integration discussions
- Regional Councillors are voting members; Advisory members facilitate discussion



Current Provincial Context

Jun 2018

New Provincial government elected

- Focus on efficiency and value
- Platform promise: “End hallway medicine”

Sep 2018

Line-by-line review of government spending

- Identified areas for improvement and efficiencies
- Anticipate provincial spending cuts: potentially impacting funding for Region of Peel health and social services

Jan 2019

Premier’s Council on Improving Healthcare and Ending Hallway Medicine

- Highlights challenges in system navigation, caregiver stress, increasing needs of complex patients, hospital capacity, and need for improved system-level coordination

Feb - Mar
2019

Bill 74, People's Health Care Act - Directions

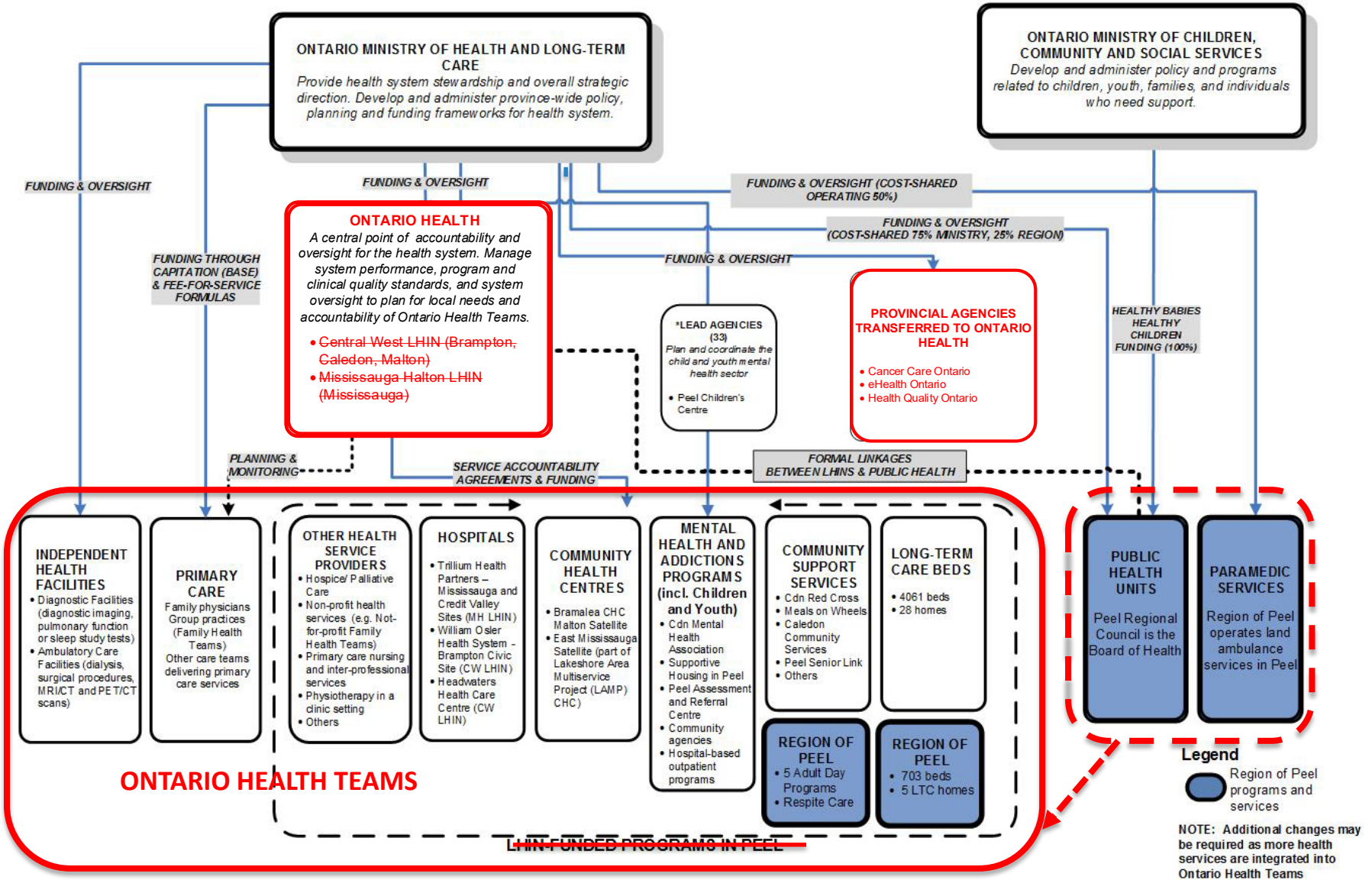
- Integrate multiple agencies, including LHINs, into single agency ‘Ontario Health ‘
- Creation of coordinated ‘Ontario Health Teams’
- Improved digital and EMR capacity, and virtual care options

Apr 2019

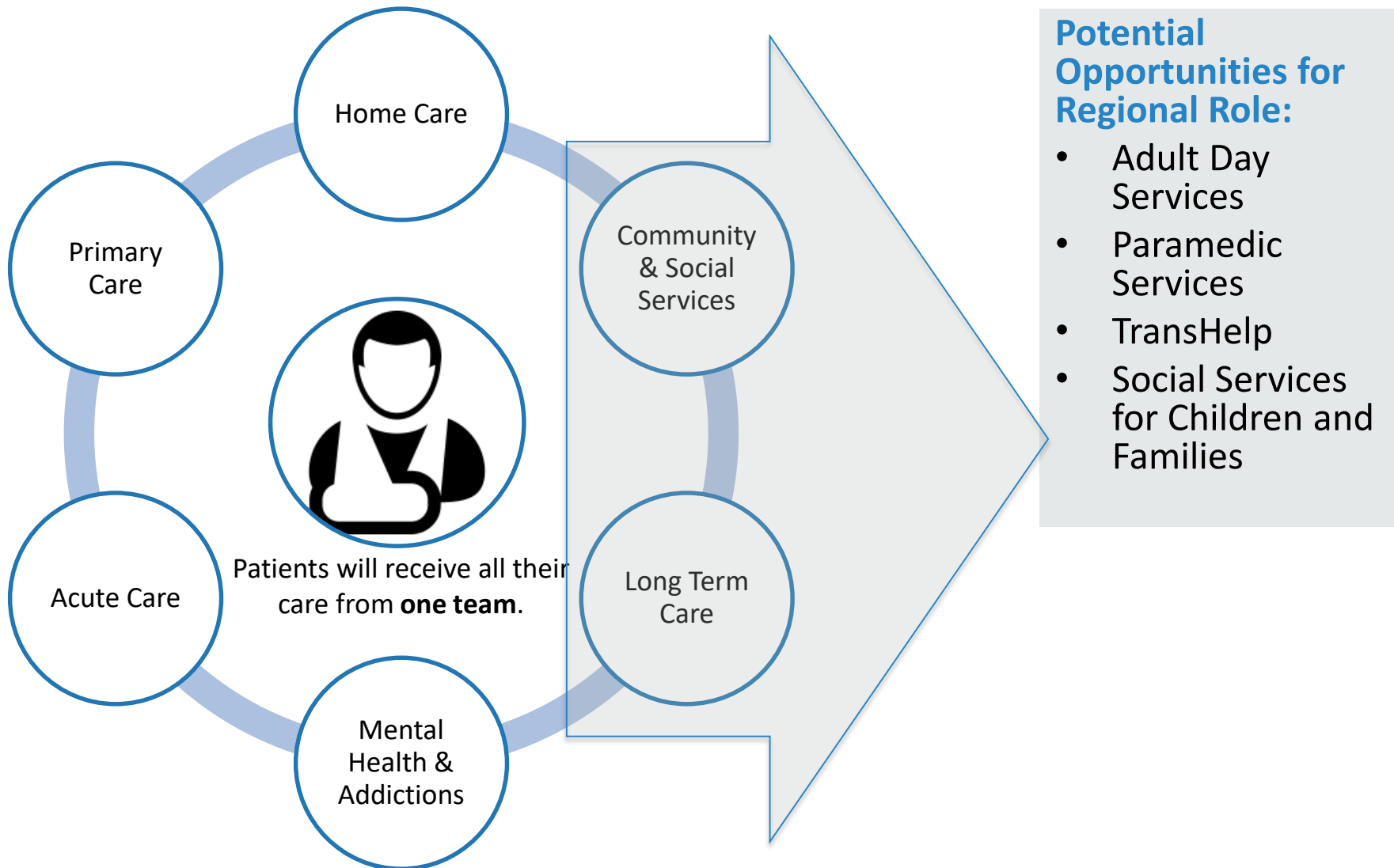
2019 Ontario Budget: Protecting What Matters Most

- Announcements focus on generating cost-savings by ensuring better system integration, modernization and streamlining of services including public health units and paramedic services

Overview of Health System Changes



Ontario Health Teams



OHT Implementation



Ontario Health Team Implementation

- System-level metrics to measure performance and costs

Accountability Agreements

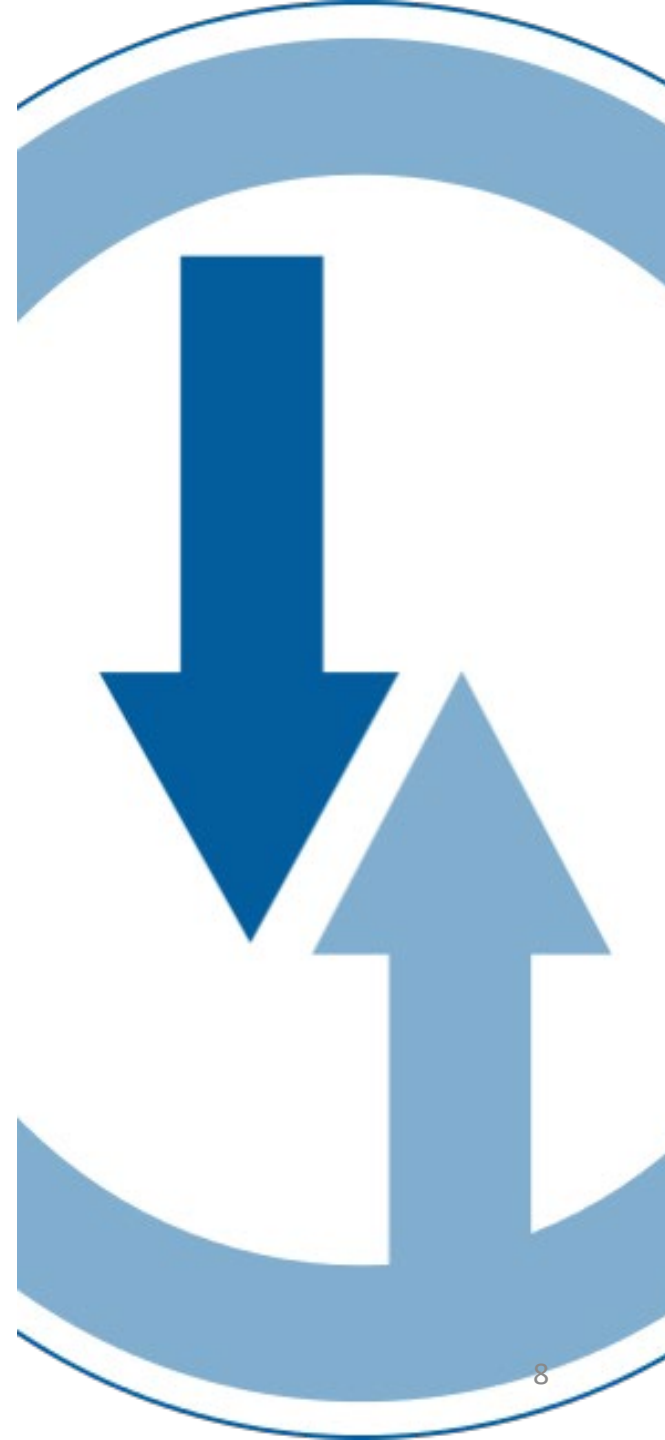
- Service agreements (SAAs) will continue
- Integrated Quality Improvement Plans
- Common Governance Model
- Population Health Metrics

Quadruple aim

- Patient and caregiver experience
- Patient and population health outcomes
- Efficiency
- Provider experience

Future Areas for Discussion

- **Health system transformation (Bill 74):** Regional implications from new system structure and funding (Ontario Health Teams)
- **Supports for Seniors:** Dementia supports in long term care, home care underfunding, transitional care and integrated models of care (Peel Manor funding)
- **Mental health and addictions:** Underfunding and system integration
- **Paramedic Services:** Provincial Dispatch Reform, Emergency Health System Modernization, Future of Regional role in paramedic service delivery
- **Public Health:** Role of Region in delivery & governance of public health programs



Next Steps

Collaboration through the Ontario Health Teams process

Continued advocacy on behalf of Peel residents

Planning for consultations (Key questions to bring forward)



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DATE: May 13, 2019

REPORT TITLE: **QUESTIONS FOR THE PROVINCE WITH RESPECT TO PUBLIC HEALTH UNIT MODERNIZATION**

FROM: Nancy Polsinelli, Commissioner of Health Services
Jessica Hopkins, MD MHS Sc CCFP, FRCPC, Medical Officer of Health

RECOMMENDATION

That the Chair of the Board of Health (Regional Chair) present the questions as outlined in Appendix I of the report from the Commissioner of Health Services and the Medical Officer of Health titled, “Questions for the Province with Respect to Public Health Unit Modernization”, during the Province’s consultation with municipalities on public health unit modernization.

REPORT HIGHLIGHTS

- The 2019 Ontario budget tabled on April 11th, 2019 outlined a plan to modernize Ontario’s public health units.
- Proposed changes over the next 3 years include:
 - Creating by April 1, 2021 ten new regional public health entities to be governed by autonomous boards of health with municipal and provincial representatives.
 - Adjusting provincial–municipal cost-sharing of public health funding, reducing the percentage of provincial funding progressively to 40 per cent by 2022.
 - Achieving annual savings of \$200 million from public health units by 2021-22.
- More details are needed to fully understand the impact on the Region of Peel. The Province has announced it will hold meetings with Chairs of Boards of Health and public health units to discuss further details.
- This report recommends the Chair of the Board of Health (Regional Chair) seek answers to the questions in Appendix I during the Province’s consultation.

DISCUSSION

1. Background

The Ontario provincial budget released April 11th, 2019 outlined the government’s plan to modernize Ontario’s public health units. According to the government’s budget document the motivation for these changes is to achieve economies of scale, streamlined back-office functions and better coordinated action by public health units, leading to annual savings of \$200 million by 2021–22. Regionalization is also expected to achieve implementation of core public health elements, consistent service delivery, build capacity in the system, and better align with priorities and the broader health sector. Importantly, modernization is intended to allow for broader municipal engagement.

QUESTIONS FOR THE PROVINCE WITH RESPECT TO PUBLIC HEALTH UNIT MODERNIZATION

Currently, Under the *Health Protection and Promotion Act, 1990* ('the *Act*'), Regional Council is the Board of Health, and Peel Public Health is part of the Region of Peel. The *Act* describes the obligation of municipalities to fund local public health. It does not describe a provincial responsibility to fund local public health. However, cost-sharing arrangements for public health programs and services between the province and municipalities are in place based on provincial government policy. Currently, the Province will fund up to 75 per cent of cost-shared programs and 100 per cent for some other mandated programs. Historical underfunding in Peel has resulted in a provincial contribution of only 66 per cent of cost-shared programs based on the 2019 Council-approved budget.

The Ontario Public Health Standards, issued under the *Act*, provide the framework and requirements for public health functions and outline the core mandate of public health. The May 9, 2019, report to Regional Council, "Modernization of Ontario Public Health Units in the 2019 Ontario Budget", provides further details of the provincial proposal and implications.

2. Findings

On April 29, 2019, further details were received on the proposed Ontario Public Health Modernization:

- The existing 35 local public health units will be dissolved and 10 regional public health entities with new boards of health will be established by 2020-21.
- New regional boards of health will be autonomous and have one common governance model with municipal and provincial representation.
- Although new boundaries are not known, it was communicated that:
 - Toronto will be one region
 - There will also be six large regions (population over 1 million)
 - There will be three rural/northern regions (population under 1 million)
- The cost-sharing of public health funding will be revised over three years with an increase in municipal funding over time, achieving 40 per cent municipal funding for all public health programs by April 1, 2021, except for the new low income seniors' dental program.
- Retroactive to April 1, 2019, provincial funding will be reduced from 75 per cent to 70 per cent, with municipalities expected to fund the remaining gap.
- The Ministry of Health and Long-Term Care plans to engage public health and municipal sectors through a consultation process.

On May 9, 2019 Regional Council endorsed the report, "Modernization of Ontario Public Health Units in the 2019 Ontario Budget" and recommendations from the Mayors and Regional Chairs of Ontario (MARCO) related to "Response to the Province's Proposed Restructuring of Public Health and Emergency Medical Services, and Public Health Funding Reductions".

Peel Public Health is supportive of focusing on more efficient service delivery, better alignment with the health care system, improved staff recruitment and retention, and improved public health promotion and prevention. To achieve these goals, Peel Public Health and municipalities will need more information. Appendix I provides potential

**QUESTIONS FOR THE PROVINCE WITH RESPECT TO PUBLIC HEALTH UNIT
MODERNIZATION**

questions that the Chair of the Board of Health (Regional Chair) could seek answers to during the consultation process with the Province.

RISK ASSESSMENT

A more specific risk assessment will be completed once further details are known.

FINANCIAL IMPLICATIONS

Financial implications known to date are outlined in the May 9, 2019, report to Regional Council titled, "Modernization of Ontario Public Health Units in the 2019 Ontario Budget".



Jessica Hopkins, MD MHS Sc CCFP FRCPC, Medical Officer of Health

Approved for Submission:



N. Polsinelli, Commissioner of Health Services and
Acting Chief Administrative Officer

APPENDICES

Appendix I – Potential Questions for the Province on the Public Health Modernization

For further information regarding this report, please contact Dr. Jessica Hopkins, Medical Officer of Health, Extension 2856.

APPENDIX I

QUESTIONS FOR THE PROVINCE WITH RESPECT TO PUBLIC HEALTH UNIT MODERNIZATION

Potential Questions for the Province on the Public Health Modernization

Areas of Concern	Questions for Province
Governance	<p>Ontario's proposed public health unit modernization will see Boards of Health reduced from 35 to 10, by April 1st, 2020. To date, there have been limited details released about the proposed governance model, organizational structure, impact on public health funding or how the changes will be implemented.</p> <p>The MARCO position (endorsed May 9, 2019) by the Board of Health (Regional Council) is to advocate <u>against</u> the proposed governance changes.</p> <p>Potential questions for the Province include:</p> <ul style="list-style-type: none"> • Why was it decided municipal and regional governments would no longer be the Boards of Health? • The Province has stated that a desired outcome of public health unit modernization is to have broader municipal engagement. How will this governance change promote the stated goal? • How will municipalities be represented on the new Boards of Health? What are the criteria to select the new Board of Health members? • When will the new Boards of Health assume governance for Peel Public Health or the future regional public health entity that provides programs and services to the Region of Peel and its municipalities? • When will more governance details or a full governance model for the new Boards of Health be available? Will there be further consultation with current Boards of Health?
Structure	<p>With the proposed changes to public health, it is important to ensure protecting and promoting the health of the public is still the priority.</p> <p>The MARCO position (endorsed May 9, 2019) by the Board of Health (Regional Council) is to advocate <u>against</u> the proposed structure changes and retain the 35 local public health units in Ontario.</p>

APPENDIX I

QUESTIONS FOR THE PROVINCE WITH RESPECT TO PUBLIC HEALTH UNIT MODERNIZATION

	<p>Regional Council resolution (May 7, 2019) included that the Province:</p> <ul style="list-style-type: none"> • Maintain the mandate and core functions of local public health, as described in the Ontario Public Health Standards, 2018. • Ensures that public health remains responsible to local community needs and is enabled to work collaboratively with local municipalities and community organizations. <p>Potential questions for the Province include:</p> <ul style="list-style-type: none"> • Why is the structure of local public health being changed? What problem is the Province trying to fix? • Will the geographic boundaries of the new regional public health entities be aligned with municipalities? • The Minister of Health and Long-Term Care has spoken about uploading some public health programs to the Province. What are these? Will municipalities have a say on what is provincially-uploaded and what remains local? • Is the government considering uploading or downloading specific public health programs? If so will municipalities and public health be consulted? • Residents need health protection and health promotion, including support for healthy public policy. How will the new regional public health entities ensure community needs are met and that public health supports communities to thrive? • Will there be further consultation with current Boards of Health?
Funding	<p>It has been widely reported that the Ontario Public Health Unit modernization will significantly reduce provincial spending on Public Health. Details of these financial spending cuts have been limited.</p> <p>The MARCO position (endorsed May 9, 2019) by the Board of Health (Regional Council) is to advocate <u>against</u> the proposed funding changes.</p>

APPENDIX I

QUESTIONS FOR THE PROVINCE WITH RESPECT TO PUBLIC HEALTH UNIT MODERNIZATION

	<p>Regional Council resolution (May 9, 2019) included that the Province:</p> <ul style="list-style-type: none"> • Achieve and maintain the 75 per cent provincial and 25 per cent municipal funding formula for Peel Public Health, ensuring sufficient funding levels to meet community needs. • Mitigate and prevent the financial implications for municipalities and that the Province fully fund any costs associated with Peel Public Health’s transition to a regional public health entity. <p>Potential questions for the Province include:</p> <ul style="list-style-type: none"> • Residents are one taxpayer (federal, provincial, municipal). Why is the Province downloading public health funding to municipalities? How will this save taxpayer dollars? • How were the new cost-sharing ratios determined? Were the higher needs of Peel included (e.g., growth, immigrant population)? • When will more detailed funding and financial information be available for current Boards of Health? Will there be opportunity for consultation/input from current Boards of Health?
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**APPROVED AT REGIONAL COUNCIL
April 25, 2019**

13.4. Overview of Health System Transformation - A Region of Peel Perspective

Moved by Councillor Saito,
Seconded by Councillor Damerla;

Whereas the Provincial Government has made certain announcements relating to Public Health and the Paramedic Services system;

And whereas, the announcements do not contain sufficient detail to be able to provide commentary;

And whereas, the announcements have a significant impact on the delivery of public health services and Paramedic Services;

And whereas, the role of the municipalities is not clear in the announcement;

And whereas, funding has not been committed, neither quantum or source;

Therefore be it resolved, that this matter be referred to the Health System Integration Committee to monitor the issue and determine the role of the Region throughout the roll out of the plans and work with staff to report back to Council on details of the proposal and projected impacts of change together with regular staff communication to Regional Council on emerging issues;

And further, that recommendations of the Health System Integration Committee and Regional Council be referred to the Government Relations Committee for further advocacy;

And further, that the Chair arrange a round table meeting with the local MPP's to provide information on the current structure and funding model and the potential impacts of change to service delivery with changes to the structure and funding model. Other invitees to the round table include the Chair and Vice-Chair of the Health Services section, the Commissioner of Health Services, the CAO, the Medical Officer of Health and the Chief of Paramedic Services and Chair of Health System Integration Committee;

And further, that the Chair and Mayors work with MARCO/LUMCO and AMO to demonstrate the benefits of public health and Paramedic Services remaining fully integrated with other Region of Peel functions;

And further, that the Province be requested to engage municipalities and existing Boards of Health before proceeding with any changes to the existing structure and funding;

And further, that this resolution be provided to the Minister of Health, the Minister of Municipal Affairs and Housing, all municipalities, AMO, Ontario Association of Paramedic Chiefs, the Association of Local Public Health Agencies, and MARCO/LUMCO.