SUBJECT: Changes to Public Health Governance SPH05068 (City Wide)

RECOMMENDATION:

(a) That the City of Hamilton institute regular, monthly Board of Health meetings during which all members of City Council meet to discuss all issues related to the governance and delivery of Public Health programs and services.

(b) That the report of these Board of Health meetings be forwarded to City Council for consideration and appropriate action.

(c) That the Clerk be requested to make the necessary arrangements for these meetings commencing in January of 2006.

Dr. Elizabeth Richardson
Medical Officer of Health
Public Health & Community Services

EXECUTIVE SUMMARY:

On October 26, 2005, Council received a presentation from the Medical Officer of Health outlining a proposed path for the transformation of the governance of Public Health Services in the City of Hamilton. This report outlines the recommendations necessary to implement a new way for Hamilton to do business as a Board of Health and addresses the legal and operational issues that led to the transformation proposal.
BACKGROUND:
There have been a number of significant events and reports on the public health system in Ontario over the past two years. In the aftermath of SARS a number of initiatives were undertaken to review the public health system at the local, provincial and federal levels. Most relevant to Hamilton, the Capacity Review Committee has been charged with reviewing the governance, funding and accountability within Ontario’s public health system at the local and provincial levels. Several additional reports and recent events provide insight into changes that can be made to improve local public health governance.

Campbell Commission Report
One of the initiatives was the Commission headed by Justice Archie Campbell to review the response to SARS and make recommendations to improve the public health system in Ontario. Justice Campbell has produced two of an anticipated three reports. The second report, released in April of this year, focused on recommendations for changes to local public health governance and leadership.

In Campbell’s review of local public health governance, he notes that dysfunction in the public health system often results from the system of two governments, provincial and municipal, being involved in the operation of local health units. He underscores that the primary role of members of Boards of Health is their duty of stewardship for the delivery of public health services, while acknowledging that this must be done in the context of ensuring value for money. Functional public health units are key to ensuring the protection and promotion of the public’s health, and the system as a whole can only be as strong as its weakest link. Hence all Boards of Health must operate and deliver services in an optimal way.

While Campbell calls on the province to make a clear decision on local public health governance by the end of 2007, after the capacity review and the implementation of its recommendations, in the meantime, he recommends five immediate measures to strengthen public health governance and ensure a high standard of public health programs and protection across the province. These include setting qualifications for board membership to ensure they are interested and experienced in the goals and programs of public health and are broadly representative of the community.

Assessment and Restructuring of Muskoka-Parry Sound Board of Health
Local public health governance and operations have been under scrutiny not only due to SARS, but for other reasons as well.

In July of 2004, Graham Scott, a lawyer and expert on health systems governance, was appointed to undertake an assessment of the Muskoka-Parry Sound Board of Health due to growing concerns about the unit’s governance and operations. This assessment was carried out as permitted under s. 82(3) of the HPPA, under the direction of the Chief Medical Officer of Health, Dr. Sheela Basrur.

Overall, the Board and corporate governance of Muskoka-Parry Sound were found to be chronically dysfunctional, for several reasons, including:
- an inability to maintain a functional relationship with its operational leadership,
- inability to act on major decisions that it identified as important,
- lack of strategic outlook, and
- lack of time spent on its public health mandate.

Mr. Scott recommended that the board and organization be dissolved and absorbed into two neighbouring health units. These recommendations were implemented in April of 2005.

The relevant lessons include the alignment with Campbell, that the primary role of the Board of Health is to ensure the delivery of public health programs and services protect and promote the public’s health, and not controlling costs. Scott also pointed to the importance of the Board of Health maintaining a strategic role in the public health organization, undertaking strategic planning and strategic leadership, and not direct involvement in management of public health programs and services. The Muskoka-Parry Sound experience underscored the importance of mutual respect between Boards and their Medical Officer of Health and staff.

Staff consulted with Mr. Scott to ask his opinions on what improvements could and should be made to governance of public health in Hamilton. Overall Scott aligns with Campbell regarding public health governance, in terms of the primacy of a Board’s duty of stewardship for delivery of public health services. Board members have a duty of stewardship both for delivery of public health services and for the expenditure of public funds.

In relation to Hamilton’s specific circumstances, Scott recommended that there be separate Board of Health meetings, in other words that it was important to sit as a Board of Health, separate from Council meetings.

He noted the importance of meeting in such a form to avoid real and perceived conflicts of interest, raising examples involving water, and financial issues. In the case of water, Council is an operator of both large municipal systems through public works, and small systems through culture and recreation. The Board of Health has a health protection role in advising on the appropriate health protection measures to be taken in both these systems, and will have a full regulatory role by the end of 2006 for the small water systems operated by culture and rec. He underscored the importance of actually and being seen to address these responsibilities separately, so that the Board and Council could not be confused about which hat they were wearing at any particular time.

Campbell was very concerned that from a liability perspective, Council both do and be seen to do all that was required as a Board of Health, and separate meetings would go a long way in reaching that objective. This would help to eliminate areas where there is an actual conflict of interest as well as the perception of conflict of interest, in such areas as water quality.

The Hamilton Experience
Over the past several years, several concerns have been raised by Councillors in relation to their role as a Board of Health, including expressions of frustration with their lack of knowledge about their role as a Board of Health, and with their lack of time to get to know the role, read reports, and achieve a satisfactory level of knowledge about public health programs and services.
Other concerns have also been raised:
- It has been noted that there is a lack of a public health champion currently on Council.
- The current subcommittee structure has representatives from only a part of Hamilton, and lacks representatives from rural areas of Hamilton. This means when program issues are brought to the Board, they do not receive the benefit of the input from the full cross-section of points of view. As an example, the issue of safe water in rural areas has been a significant issue over last few years, and will continue to be over next few years with change in regulatory scheme and transition of enforcement to public health from MOE. Currently there are no rural representatives on the Social & Public Health Services Standing Committee.

**Capacity Review Committee**

As noted above the Capacity Review Committee is currently examining public health system governance, funding and accountability. Hamilton has participated in this process through staff involvement on subcommittees, through its responses to the organization, staff and board member surveys, and most recently, the site visit. The interim report of the Committee was released in mid-November, and the final report is expected in early 2006, with policy and legislative changes to follow over the remainder of 2006.

Changes to public health governance are a near certainty, although the specific model of governance and role of municipalities have yet to be decided. Governance standards for Boards of Health are likely to be implemented, but the details of these are still to come.

**Conclusion**

The reports and reviews to date, as well as data gathered locally as part of the public health reform process, provide Council with sufficient information on which to base improvements in public health governance in Hamilton, pursuing a “made in Hamilton” solution until such time as further changes are recommended at the provincial level. Overall, moving to regular Board of Health meetings, with all members deliberating on public health issues, rather than delegating these to a subcommittee will allow members to be better informed and the Board to be more active in policy issues. Council will be clear as to when it is addressing its duties as a Board of Health. Public Health programs and services will benefit from a broader range of perspectives when engaging their governing body in decision-making.

**ANALYSIS/RATIONALE:**

See above.
ALTENATIVES FOR CONSIDERATION:

Council could elect to continue with its current committee structure, with the Medical Officer of Health reporting to Council through the Social and Public Health Services Committee, however this would not address the issues raised in the report. Coordination of issues that affect more than public health services remain important, and staff mechanisms to ensure that coordination are being pursued, including regular meetings between the General Manager of Community Services and the Medical Officer of Health, as well as others.

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

None

POLICIES AFFECTING PROPOSAL:

None

RELEVANT CONSULTATION:

In developing these recommendations, consultations were had with members of the Public Health and Community Services management team, with the City Manager and with Legal Services.

Consultation was also sought from Mr. Graham Scott, assessor of the Muskoka-Parry Sound Board of Health, and with the Public Health Division of the Ministry of Health and Long-Term Care.

CITY STRATEGIC COMMITMENT:

Community Well-Being is enhanced. ☑ Yes ☐ No

The changes recommended in this report should result in enhanced participation by all Council members in decision-making involving public health programs and services, which in turn will result in a better reflection of the community's needs in program planning and delivery.

Environmental Well-Being is enhanced. ☑ Yes ☐ No

Decision-making around environmental issues will be enhanced and better reflect the diverse issues that face different parts of the City.

Economic Well-Being is enhanced. ☑ Yes ☐ No

Sound public health services are important to overall health and economic well-being

Does the option you are recommending create value across all three bottom lines? ☑ Yes ☐ No
Do the options you are recommending make Hamilton a City of choice for high performance public servants? ☑ Yes ☐ No
Enhanced Board of Health involvement in Public Health Services will assist in the creation of a workplace supportive of Public Health staff.