

Board of Health Meeting

AGENDA

November 22, 2023 at 5:00 pm

SSM Algoma Community Room | Video/Teleconference

BOARD MEMBERS

Sally Hagman - Chair
Luc Morrisette - 1st Vice-Chair
Deborah Graystone - 2nd Vice-Chair
Julila Hemphill
Donald McConnell
Loretta O'Neill
Matthew Shoemaker
Sonia Tassone
Suzanne Trivers
Jody Wildman

APH MEMBERS

Dr. Jennifer Loo - Medical Officer of Health & CEO
Dr. John Tuinema - Associate Medical Officer of Health & Director of Health Protection
Rick Webb - Director of Corporate Services
Kristy Harper - Director of Health Promotion & Chief Nursing Officer
Leo Vecchio - Manager of Communications
Leslie Dunseath - Manager of Accounting Services
Liliana Bressan - Manager of Effective Public Health Practice
Tania Caputo - Board Secretary
Trina Mount - Executive Assistant

1.0 Meeting Called to Order

S. Hagman

- a. Land Acknowledgment
- b. Declaration of Conflict of Interest
- c. Roll Call

2.0 Adoption of Agenda

S. Hagman

RESOLUTION

THAT the Board of Health meeting agenda dated November 22, 2023 be approved as presented.

3.0 Delegations / Presentations

4.0 Adoption of Minutes of Previous Meeting

S. Hagman

RESOLUTION

THAT the Board of Health meeting minutes dated October 25, 2023, be approved as presented.

5.0 Business Arising from Minutes (in addendum)

S. Hagman

- a. Briefing Note - Voluntary mergers related to provincial public health sector changes anticipated in 2024-2026
- b. Slide Deck - Strengthening Public Health - Voluntary Mergers
- c. Resolution 69-23 - Public Health Strengthening - BOH Sudbury and Districts Public Health

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

J. Loo

i. MOH Report - November 22, 2023

- Program Highlights – Exploring Barriers and Facilitators to Healthy Eating and Active Living (HEAL) Behaviours in Algoma: The Community Partner Interview Project
- Public Health Champion Awards

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for November 22, 2023 be accepted as presented.

6.0	a. Finance and Audit	<i>L. Morrisette</i>
	i. Finance Committee Chair Report (in addendum)	
	RESOLUTION	
	THAT the Finance Committee Chair Report for November 15, 2023, be accepted as presented.	
	ii. Unaudited Financial Statements ending September 30, 2023	<i>L. Morrisette</i>
	RESOLUTION	
	THAT the Board of Health approves the Unaudited Financial Statements for the period ending September 30, 2023, as presented.	
	iii. 2024 Recommended Capital and Operating Budget Report	<i>L. Morrisette</i>
	RESOLUTION	
	THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee to approve the 2024 Public Health Capital and Operating Budget Report.	
7.0	New Business/General Business	<i>S. Hagman</i>
8.0	Correspondence	<i>S. Hagman</i>
	a. Letter to Federal Ministers Freeland, Sudds, MacAulay, and Duclos from Sudbury District Public Health regarding Support for a Funded Healthy School Food Program in Budget 2024 dated October 27, 2023.	
	b. Letter to Premier Ford and Provincial Ministers Jones and Tibollo from Sudbury & Districts Public Health regarding Public Health Strengthening and Chronic Disease Prevention dated October 27, 2023.	
9.0	Items for Information	<i>S. Hagman</i>
	a. alPha Information Break - November 2023	
	b. AOHT (Algoma Ontario Health Team) - Board of Director Information Session and Discussion	
	c. alPha - Strenthening Public Health - Planning and Next Steps	
	d. alPha Summary - Fall Economic Statement	
10.0	Addendum	<i>S. Hagman</i>
11.0	In-Camera	<i>S. Hagman</i>
	For discussion of labour relations and employee negotiations, matters about identifiable individuals, adoption of in-camera minutes, security of the property of the board , litigation or potential litigation.	
	RESOLUTION	
	THAT the Board of Health go in-camera.	
12.0	Open Meeting	<i>S. Hagman</i>
	Resolutions resulting from the in-camera meeting.	

13.0 Announcements / Next Committee Meetings:

S. Hagman

Board of Health

Wednesday, January 24, 2024 - 5:00 pm

SSM Algoma Community Room | Video Conference

Finance and Audit Committee Meeting

Wednesday, February 14, 2024 - 5:00 pm

SSM Algoma Community Room | Video Conference

14.0 Evaluation

S. Hagman

a. Evaluation

b. 2024 BOH Positions & Committees

15.0 Adjournment

S. Hagman

RESOLUTION

THAT the Board of Health meeting adjourns.

Briefing Note

To: The Board of Health for the District of Algoma Health Unit
From: Dr. Jennifer Loo, Medical Officer of Health & CEO
Date: 11/22/2023
Re: Voluntary mergers related to provincial public health sector changes anticipated in 2024-2026

☒ **For Information**

☒ **For Discussion**

☒ **For a Decision**

ISSUE:

This briefing note updates the Board of Health on the recently announced provincial policy of supporting voluntary mergers of local public health agencies. Specifically, additional information has been shared in the Ministry of Health's *Outcomes and Objectives to Support Voluntary Mergers, October 30, 2023* (attached), and through in-person engagement between Ministry officials and representatives of Algoma Public Health, Public Health Sudbury & Districts, and North Bay Parry Sound District Health Unit.

Given the tight timelines set by the province for merger proposals and the potential to access in-year one-time funds to March 31, 2024 to conduct feasibility studies, Board of Health direction is sought at this time.

RECOMMENDED ACTION:

That the Board of Health resolve to support the following recommendations:

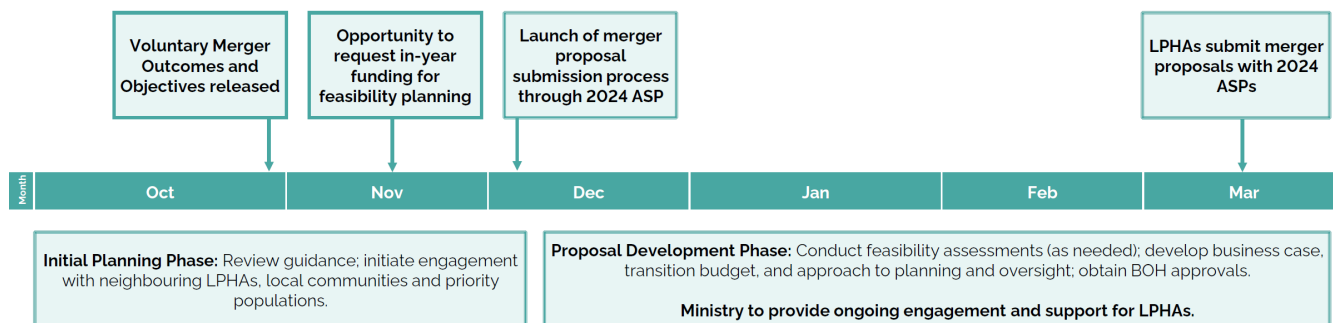
1. That the Board of Health for the District of Algoma Health Unit, having reviewed the Ministry of Health *Outcomes and Objectives to Support Voluntary Mergers, October 30, 2023*, and considered related discussions, direct the Medical Officer of Health to engage with Public Health Sudbury & Districts to seek provincial funding to study the feasibility of a voluntary merger of our two local public health agencies; and
2. That additional Board of Health direction be sought should further consultation result in a recommendation to explore voluntary mergers with other regional local public health agencies; and
3. That the Medical Officer of Health continues to report back to the Board on this matter.

BACKGROUND:

Ministry of Health *Outcomes and Objectives to Support Voluntary Mergers, October 30, 2023*

- In late October, the Ministry released a slide deck (attached) to further detail the intended outcomes and objectives of the voluntary merger process for local public health agencies (LPHAs).
- Three public health system challenges are identified:
 - **Capacity:** some LPHAs do not have the critical mass to effectively or efficiently deliver all programs and services to meet unexpected surges in demand. This results in inconsistent organizational performance across the province and barriers to effective emergency response.
 - **Human resources:** some LPHAs have challenges recruiting and retaining skilled human resources, both in leadership and in front-line staff, which impacts their ability to deliver programs and services.
 - **System alignment & partnerships:** the number of public health units creates challenges for alignment and coordination across LPHAs, with key partners and with the broader system, which can lead to duplication of efforts and impede progress on common goals.

- Accordingly, for the Ministry, mergers of smaller LPHAs are a key strategy to strengthen public health in Ontario, due to their potential to contribute to the following stated desired outcomes and objectives:
 - A public health system where all LPHAs have the critical mass and capacity needed to optimize performance and meet unexpected surges in demand.
 - *Objective 1:* Build critical mass through LPHAs that have a minimum population base of approximately 500,000 with consideration for future population growth, population density and geography, and the impact of population characteristics on LPHA capacity. Of note, there is recognition that in limited circumstances, mergers of geographically large, remote and sparsely populated LPHAs may result in geographic challenges that outweigh the benefits of achieving a minimum population base of 500,000.
 - *Objective 2:* Maximize improvements in organizational performance, which may include reinvestment of any expected savings.
 - A public health system where all LPHAs have the skilled personnel and competencies needed to fully deliver core public health services.
 - *Objective 3:* Build and sustain strong leadership structures (including MOH, AMOH, CNO and CEO, if appropriate) with the competencies and expertise necessary to navigate the complexities of leading a LPHA and enable deep pathways for succession planning.
 - *Objective 4:* Achieve and sustain sufficient competencies and capacities for specialized positions for which the LPHAs have historical or ongoing vacancies.
 - A cohesive public health system that better aligns with community and system partners to support progress on improving population health outcomes while reducing health inequities.
 - *Objective 5:* Support improved alignment and coordination with key system partners both within and outside the health system, to improve public health service delivery.
 - *Objective 6:* Support strengthened alignment and partnerships with communities and priority populations to address health inequities.
- Merger implementation will require:
 - Resolution or other form of agreement from existing boards to request approval from the Ministry of Health to create a new LPHA
 - Description of the proposed LPHA (boundaries, name, governance and leadership structure) and the leadership structure that will be responsible for the planning and oversight of the proposed merger (e.g., joint steering committee structure and its mandate)
 - A preliminary transition budget, including funding request for up to 3 years to support merger processes based on admissible costs
 - Description of how the proposed new LPHA supports broader policy objectives, including:
 - Reducing the number of LPHAs
 - Maintaining or enhancing service levels through the new structure
 - Minimizing impact on frontline jobs
 - Incorporating input from local partners into the planning process and enhancing the new organization's capacity to implement health equity strategies and consider the needs of local populations, including Indigenous partners and Francophone communities
- Timelines and milestones:
 - LPHAs will have an opportunity through a 2023-24 in-year process to request one-time funding to support feasibility assessments and initial planning processes, where such costs cannot be managed from within operating funding.
 - Additional information on the merger proposal submission process (including business case template and eligible expenses) is expected in early December for submission in March 2024.



Consideration of potential merger partners

- As per the Ministry of Health's outcomes and objectives to support voluntary mergers, potential merger partners should
 - consider the impact of population characteristics on LPHA capacity, including whether the merger would benefit from "like to like" (e.g. multiple rural agencies merging) or the presence of an urban centre (i.e. central hub for service delivery and access to skilled workforce)
 - include LPHAs with contiguous boundaries and not result in isolated LPHAs (i.e., leaving small neighbouring LPHA behind)
 - preserve relationships with municipalities
 - maintain or enhance service levels through the new structure
 - minimize impact on frontline jobs
 - incorporate input from local partners into the planning process
 - enhance the new organization's capacity to implement health equity strategies and consider the needs of local populations, including Indigenous partners and Francophone communities
- Given the above criteria, potential merger partners for APH are limited (see map in Figure 1 for geographic reference).
 - To the north, Porcupine Health Unit has already committed to a merger with Timiskaming Health Unit,
 - To the west, Thunder Bay District Health Unit (TBDHU) is part of northwestern Ontario, and its geography and population characteristics differ considerably to those of APH. TBDHU oversees a geographic area of over approximately 230,000 square kilometres, over five times the size of APH's 41,000 square kilometres, and TBDHU's 146,000 residents, compared to APH's population of just under 113,000 results in a lower population density of 0.7 residents/km² compared to APH's 2.5 residents/km². Of note, the driving distance from APH's main office to Thunder Bay is comparable to and slightly greater than the driving distance from Sault Ste. Marie to Toronto.
 - To the east, APH is adjacent to Public Health Sudbury & Districts, and PHSD shares its eastern border with North Bay Parry Sound District Health Unit (NBPSDHU). NBPSDHU has also been engaged with merger discussions with its eastern neighbour, Renfrew and County District Health Unit.
 - While a merger with multiple northeastern Ontario health units may still not achieve the Ministry objective of a minimum population base of 500,000, the Ministry's objectives do acknowledge that in limited circumstances, geographic challenges may outweigh the benefits of achieving this specific 500,000 minimum population base.
- Given the organizational performance and system alignment and partnership objectives of the Ministry, it is also important to note that with an increasing number of health units participating in a merger, there is increasing complexity of both the merger process and outcome – particularly the structure and governance of the resultant organization. To that end, should a merger be necessary for future organizational sustainability, the pursuit of a merger of fewer health units, and that of a simpler configuration, may help to minimize disruptions to both internal staff and external partnerships.

- To further support discussion, demographic, geographic, and organizational information for APH, PHSD, and NBPSDHU are provided in Tables 1 and 2 below.

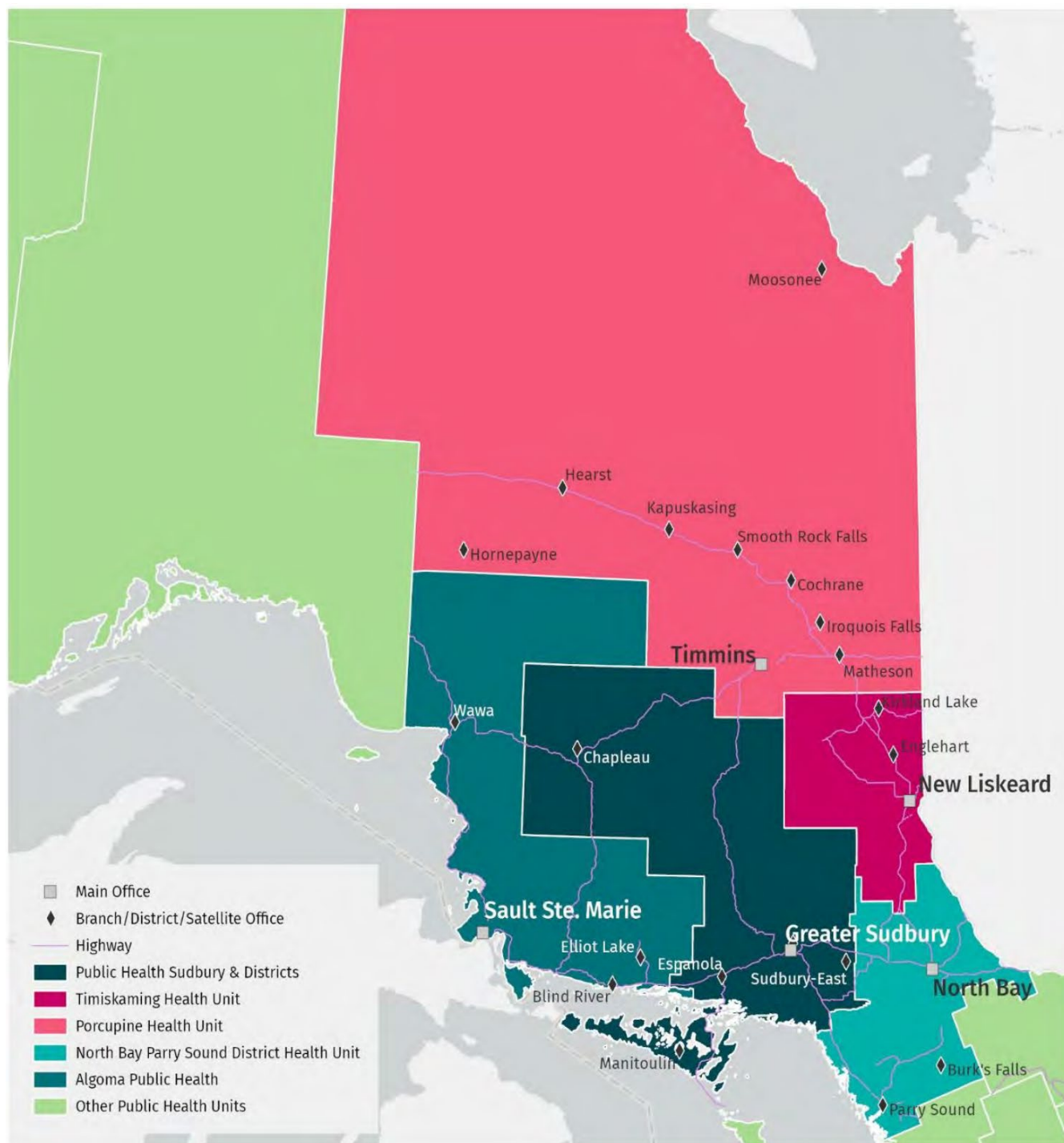


Figure 1. Northeastern Ontario public health units with office locations. Map courtesy of Public Health Sudbury & Districts.

Table 1. Demographic and geographic information for Algoma Public Health (APH), Public Health Sudbury & Districts (PHSD), and North Bay Parry Sound District Health Unit (NBPSDHU).

Characteristic	APH	PHSD	NBPSDHU
Population	112,764	202,431	129,362
Population density (people/km ²)	2.53	3.99	6.78
Land area (km ²)	44,606	50,763	19,073
Urban/Rural mix (%)	72.4/27.6	69.1/30.9	52.7/47.3
Number of municipalities	21	19	31
Number of First Nation communities	8	13	8
Indigenous identity (count [%])	15,830 [14.3%]	27,630 [13.9%]	14,755 [11.7%]
French as mother tongue (count [%])	5,750 [5.1%]	42,560 [21.2%]	17,740 [13.9%]
Newcomers (count [%]) <i>i.e., recent immigrants arriving between 2016 and 2021 as well as non-permanent residents</i>	1,670 [1.5%]	5,315 [2.7%]	1,100 [0.9%]

Source: Statistics Canada. 2023. Census Profile. 2021 Census. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released February 8, 2023.

Table 2. Organizational information for Algoma Public Health (APH), Public Health Sudbury & Districts (PHSD), and North Bay Parry Sound District Health Unit (NBPSDHU).

Characteristic	APH	PHSD	NBPSDHU
Permanent public health FTEs 2023	145.4	224.66	
Cost-shared Public Health Budget 2023 <i>Excludes 100% provincially funded programs & extraordinary COVID-19 expenses</i>	\$14,995,400	\$28,549,210	\$17,160,804
Medical Officer of Health FTEs	1.0	1.0	1.0
Associate Medical Officer of Health FTEs	1.0	1.0 (vacant)	1.0 (vacant)
Location of main office	294 Willow Ave, Sault Ste. Marie	1300 Paris Street, Sudbury	345 Oak Street West, North Bay
Number of sub offices/district offices	3	5	1

Public Health Sudbury & Districts motion

- On November 16, 2023, the Board of Health for Public Health Sudbury & Districts passed a resolution directing PHSD's Medical Officer of Health to engage with APH to seek provincial funding to study the feasibility of a voluntary merger of our two local public health agencies.
- The briefing note which accompanied this resolution can be found on pages 124-131 of [PHSD's November 16, 2023 Board of Health agenda package](#). The resolution was brought to the PHSD Board of Health following consultation and discussion with APH's Medical Officer of Health and Board Chair, with the understanding that APH's board would independently undertake a similar review and discussion of the issue to determine further direction at APH's November BOH meeting.

Engagement with Ministry officials and north east public health counterparts

- Since the province's original August announcement of public health sector changes, the Medical Officer of Health and Board Chair have engaged in exploratory conversations with both Ministry officials as well as our public health counterparts in northeastern Ontario.

- On November 20, 2023, APH senior leadership and governance representatives met with our counterparts from Public Health Sudbury & Districts, and North Bay Parry Sound District Health Unit for an in-person discussion with the Chief Medical Officer of Health and senior Ministry of Health officials.
 - With regards to the voluntary nature of mergers, Ministry officials reiterated that, *at this point in time*, the decision to pursue a merger remains voluntary and the advice to local public health agencies was to pursue a configuration with merger partner(s) that would be appropriate to the local or regional context, and meet stated Ministry objectives. Concurrently, Ministry representatives acknowledged that should government objectives not be adequately met following this phase of voluntary mergers with provincial funding support, there is a risk of future provincial direction to engage in non-voluntary restructuring.
 - With regards to “the desired end state,” Ministry representatives reiterated that, due to the voluntary nature of the current provincial policy direction, there is not a predetermined ideal configuration of Ontario local public health agencies. There was acknowledgement of the current merger commitment between Porcupine and Timiskaming Health Units, as well as the active decisions before the other BOHs in northeastern Ontario with regards to preferred configurations, should mergers be pursued.
 - Uncertainty remains with regards to the global funding envelope for the public health sector following the 2024-26 transition period. On the one hand, it is possible that there may be efforts to decrease government expenses across the board; on the other hand, should the public health sector successfully achieve stated Ministry objectives and demonstrate value for money, additional investments may be made. It was reiterated that the present voluntary merger initiative is not a cost-saving exercise, and that it is not the policy intent to decrease frontline staff complement or the number of physical health unit offices through the merger process.

ASSESSMENT OF RISKS AND MITIGATION:

- Although the merger process is voluntary at this time, there has been a strong emphasis in Ministry communications of the necessity of mergers for future funding investments and Ontario public health system sustainability.
- APH has previously conducted a rapid review and policy analysis which identified regionalization experiences and perspectives for local public health consideration in Ontario’s northern, rural and remote settings. If a voluntary merger is considered and pursued, the identified risks and mitigation approaches in this document should be revisited.
- Conducting a feasibility study to demonstrate and clearly delineate the benefits and risks of a potential merger will greatly support BOH decision-making.
- Further engagement and dialogue with the province and neighbouring health units will be helpful to discern what the risks may be of not pursuing a voluntary merger at this time. In particular, APH and/or northeastern representation will be critical when the Ministry engages the field in consultations regarding the public health funding formula review, which is likely to occur in early 2024.

FINANCIAL IMPLICATIONS:

- At this time, APH does not have budgeted funds to resource a merger feasibility study.
- The Ministry of Health has announced that local public health agencies will have an opportunity through a 2023-24 in-year process to request one-time funding to support feasibility assessments and initial planning processes, where such costs cannot be managed from within operating funding.
- For mergers that are approved, the Ministry’s three-year Merger Transition Fund is available to support merger/transition costs, as well as business continuity.

OPHS STANDARD:

Public Health Accountability Framework: Good Governance and Management Practices Domain

Requirement 14. The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following:

- a) Delivery of programs and services;
- b) Organizational effectiveness through evaluation of the organization and strategic planning;
- c) Stakeholder relations and partnership building;
- d) Research and evaluation;
- e) Compliance with all applicable legislation and regulations;
- f) Workforce issues, including recruitment of medical officer of health and any other senior executives;
- g) Financial management, including procurement policies and practices; and
- h) Risk management

STRATEGIC DIRECTIONS:

2. Improve the impact and effectiveness of Algoma Public Health programs.

d) Meaningfully engage clients, partners, and communities based on shared goals and accountabilities

Board of Health RESOLUTION

Date:	Resolution No:
Moved:	Seconded:
Subject: Voluntary mergers related to provincial public health sector changes anticipated in 2024-2026	

THAT the Board of Health for the District of Algoma Health Unit, having reviewed the Ministry of Health Outcomes and Objectives to Support Voluntary Mergers, October 30, 2023, and considered related discussions, direct the Medical Officer of Health to engage with Public Health Sudbury & Districts to seek provincial funding to study the feasibility of a voluntary merger of our two local public health agencies; and

THAT additional Board of Health direction be sought should further consultation result in a recommendation to explore voluntary mergers with other regional local public health agencies; and

THAT the Medical Officer of Health continues to report back to the Board on this matter.

CARRIED - Chairs Signature:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Deborah Graystone | <input type="checkbox"/> Don McConnell | <input type="checkbox"/> Matthew Shoemaker | <input type="checkbox"/> Suzanne Trivers |
| <input type="checkbox"/> Sally Hagman | <input type="checkbox"/> Luc Morrissette | <input type="checkbox"/> Sonia Tassone | <input type="checkbox"/> Jody Wildman |
| <input type="checkbox"/> Julila Hemphill | <input type="checkbox"/> Loretta O'Neill | | |

STRENGTHENING PUBLIC HEALTH

Outcomes and Objectives to Support Voluntary Mergers

October 2023

Context: A Strategy to Strengthen Public Health in Ontario



A Three-Pronged, Sector-Driven Approach

In August 2023, the government announced that the province is proceeding with a **three-pronged, sector-driven strategy** to optimize **capacity, stability, and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians.



1. Roles and responsibilities

Conducting a **review of the Ontario Public Health Standards (OPHS)** with an aim to refine, refocus and re-level roles and responsibilities, collaborating with partners to optimize functions, for implementation beginning January 1, 2025.



2. Voluntary mergers

Enhancing capacity by facilitating voluntary mergers between LPHAs, through a **sector-driven approach** and by providing **time-limited funding**, for implementation beginning January 1, 2025.



3. Funding

Restoring **provincial base funding** to 2020 levels by January 1, 2024, implementing 1% **growth base funding** for the next three calendar years (2024-2026), creating a **three-year Merger Support Fund** for 2024-25 to 2026-27, and reviewing public health funding methodology for sustainability.



System Vision & Strategic Approach

The public health sector, municipalities and the province have an opportunity to work in partnership towards a **vision for a public health system in Ontario** where all local public health agencies have the **critical mass** and **capacity**, **skilled personnel** and **competencies** needed to deliver core public health services and address public health emergencies **within a cohesive system** that better aligns with community and system partners.

Voluntary mergers, **particularly among smaller LPHAs**, have significant potential to advance this vision by building critical mass, strengthening human resources, and improving system alignment.

A public health sector comprised of fewer, larger, strengthened LPHAs will lead to **improved public health services** for residents, a greater ability to **respond to the unique needs** of communities, **clearer communications** and more **coordinated action for public health emergencies** and issues that cross regional boundaries.



The ministry is working with sector partners to facilitate the voluntary merger process and advance this vision by:

1. Identifying **outcomes** for the public health system
2. Setting **objectives** to achieve these outcomes
3. Establishing a process through which LPHAs can submit **proposals for mergers** that align with the vision, objectives and outcomes.

Public Health Challenges to Address



Public Health System Challenges

Long-standing challenges and opportunities in Ontario's Public Health sector have been well-documented through multiple reports over the past 20 years. Many of these reports have cited challenges with the current system and proposed merging LPHAs in order to strengthen service delivery both locally and across the province.

Capacity

Some LPHAs do not have the **critical mass** to effectively or efficiently deliver all programs and services and to meet unexpected surges in demand. This results in inconsistent **organizational performance** across the province and barriers to effective emergency response.

Human Resources

Some LPHAs have challenges recruiting and retaining skilled **human resources**, both in leadership and in front-line staff, which impacts their ability to deliver programs and services.

System Alignment & Partnerships

The number of public health units creates challenges for **alignment and coordination** across LPHAs, with key partners and with the broader system, which can lead to duplication of efforts and impede progress on common goals.

Strengths and Benefits of Larger LPHAs



Benefits of Larger LPHAs

Mergers to create larger LPHAs can address long-standing capacity (i.e., critical mass and organizational performance) and human resource challenges.

1 Larger agencies serving larger populations are better able to perform essential services, provide a greater array of services, access timely surge capacity and provide a stronger voice for public health in their region.

2 Programs and services can be strengthened in larger agencies, including through targeted service delivery to meet unique community needs.

3 Larger agencies have a greater ability to recruit and retain staff and allow for career progression, including for specialized roles.

Mergers among LPHAs can also address challenges with system alignment and support stronger community partnerships and coordination.

4 Having fewer, larger agencies can reduce duplication and strengthen coordination within the public health system and among partners to enable progress on public health goals.



Preserving and Bolstering Current Strengths

Key strengths of Ontario's current public health system can be preserved and bolstered.

Local Service Delivery

Leveraging local knowledge and relationships, including with municipalities, allows the work of public health to be responsive to the needs of their communities.

Skilled Workforce

Public health professionals are the backbone of program and service delivery.

Focus on Health Equity

Public health's equity perspective is essential for improving population health outcomes.

This means...

Mergers are **not intended to result in a reduction in local public health service delivery** but should maintain these relationships and strengthen LPHAs' ability to be responsive to community needs.

Mergers are **not intended to result in the loss of front-line jobs** but should increase the capacity of LPHAs and enable recruitment and retention of public health professionals.

Mergers are **intended to enhance LPHA capacity to implement health equity strategies** and consider the needs of local populations, including Indigenous partners and Francophone communities.

Desired Outcomes and Objectives



Desired Outcomes

Mergers of smaller LPHAs are a key strategy to strengthen public health in Ontario as they have significant potential to contribute to the following outcomes:

- A public health system where all LPHAs have the **critical mass and capacity** needed to optimize performance and meet unexpected surges in demand.
- A public health system where all LPHAs have the **skilled personnel and competencies needed** to fully deliver **core public health services**.
- A **cohesive public health system that better aligns with community and system partners** to support progress on improving population health outcomes while reducing health inequities.



Capacity Objective: Critical Mass

Expected Outcome: A public health system where all LPHAs have the critical mass and capacity needed to optimize performance and meet unexpected surges in demand.

1

Build critical mass through LPHAs that have a **minimum population base of approximately 500,000** (with consideration for population trends, characteristics and geography, as outlined below).

- *A systematic review found that increasing the size of population served by local public health agencies is the strongest predictor of performance and is associated with economies of scale. One study found increases in performance plateau around a population of 500,000, while Ontario specific data indicates there may be benefits up to 1,000,000.*
- *Multiple inputs from stakeholders in 2019-2020 cited that population size is a predictor of public health performance and noted target population sizes in the range of 300,000 - 500,000.*

When considering the optimal population size, potential merger partners may also consider:

- **Future population growth** as it relates to minimum population base to ensure a critical mass is achieved and maintained.
- **Population density** and **geography** recognizing that in limited circumstances, mergers of geographically large, remote and sparsely populated LPHAs may result in geographic challenges that outweigh the benefits of achieving a minimum population base of 500,000.
- The impact of **population characteristics** on LPHA capacity, including considering whether the merger would benefit from 'like to like' (e.g., multiple rural agencies merging) or the presence of an urban centre (i.e., central hub for service delivery and access to skilled workforce).



Capacity Objective: Organizational Performance

Expected Outcome: A public health system where all LPHAs have the critical mass and capacity needed to optimize performance and meet unexpected surges in demand.

2

Maximize **improvements in organizational performance**, which may include reinvestment of any expected savings.

- *Previous LPHA mergers have demonstrated they provide opportunities for integrating operations and strengthening service delivery over time.*

When considering how to maximize organizational performance, potential merger partners should also consider:

- Addressing **current or ongoing performance issues** based on local organizational assessments and/or previous audits, where applicable.
- Identifying how changes will ensure adequate **infrastructure and support services** (e.g., legal, human resources, I&IT systems, capital infrastructure).
- Identifying opportunities for **changes to the organizational management and governance structures** to maximize performance.
- Achieving an optimal **balance of administrative and program delivery expenses** and opportunities for efficiencies, recognizing that some efficiencies may only be realized in the medium to longer term.



Human Resources Objectives

Expected Outcome: A public health system where all LPHAs have the skilled personnel and competencies needed to fully deliver core public health services.

3

Build and sustain strong **leadership structures** (including MOH, AMOH, CNO and CEO, if appropriate) with the competencies and expertise necessary to navigate the complexities of leading a LPHA and enable deep pathways for succession planning.

- *Issues with recruitment and retention of specialized staff can impact a LPHA's ability to meet requirements of the OPHS.*
- *Studies indicate the presence of full-time, highly qualified leadership and the number of staff and specialized employees in local public health agencies is positively correlated with performance and health outcomes.*
- *Larger agencies can enable strengthened medical leadership, including through the presence of Associate Medical Officers of Health, who can provide additional expertise, support and coverage, and allow for organizational succession planning.*

4

Achieve and sustain **sufficient competencies and capacities for specialized positions** for which the LPHAs have historical or ongoing vacancies.

Potential merger partners should consider:

- Addressing **current or persistent recruitment challenges** for positions within the LPHA(s).



System Alignment and Partnerships Objectives

Expected Outcome: A cohesive public health system that better aligns with community and system partners to support progress on improving population health outcomes while reducing health inequities.

5

Support **improved alignment and coordination with key system partners** both within and outside the health system, to improve public health service delivery.

- *Strengthening alignment with the health system and community partners can support public health's role in delivering health services (e.g., immunization, sexual health, school health), foster action on shared goals and allow for a more coordinated response during emergencies.*

6

Support **strengthened alignment and partnerships with communities** and **priority populations** to address health inequities.

Potential merger partners should also consider:

- That they only include LPHAs with **contiguous boundaries** and **do not result in isolated LPHAs** (i.e., leaving a small neighbouring LPHA behind).
- **Avoiding divisions to existing LPHAs where possible**, unless significant benefits for critical mass, system alignment and partnerships can be achieved.
- That they **preserve relationships with municipalities**.

Implementation Approach



Approach

The objectives and key considerations are designed to support LPHAs in considering voluntary mergers that will benefit local communities while supporting system-level outcomes and priorities.

- LPHAs will be invited to submit a voluntary merger business case that demonstrates how the proposed merger is anticipated to achieve progress on these objectives and advance the intended outcomes.
 - The ministry recognizes that there is considerable diversity across LPHAs and that challenges vary across regions.
 - Based on local and regional circumstances, it is understood that proposed mergers may advance the objectives in different ways and to greater or lesser degrees, depending on the objective.
- LPHAs will also be required to provide implementation and readiness information.
- Transition costs for approved mergers will be funded by the province, along with business continuity requirements.



Implementation and Readiness Information

LPHAs will need to provide additional information for proposed mergers.

This will include:

- Resolution or other form of agreement from existing boards to request approval from the Ministry of Health to create a new LPHA.
- Description of the proposed new LPHA (boundaries, name, governance and leadership structure) and the leadership structure that will be responsible for the planning and oversight of the proposed merger (e.g., joint steering committee structure and its mandate).
- A preliminary transition budget, including funding request for up to 3-years to support merger processes based on admissible costs.

A description of how the proposed new LPHA supports broader policy objectives, including:

- Reducing the number of LPHAs.
- Maintaining or enhancing service levels through the new structure.
- Minimizing impact on frontline jobs.
- Incorporating input from local partners into the planning process and enhancing the new organization's capacity to implement health equity strategies and consider the needs of local populations, including Indigenous partners and Francophone communities.



Merger Transition Funding

The Ministry will establish a three-year Merger Transition Fund to support voluntary mergers.

Examples of merger/transition costs include, but are not limited to:

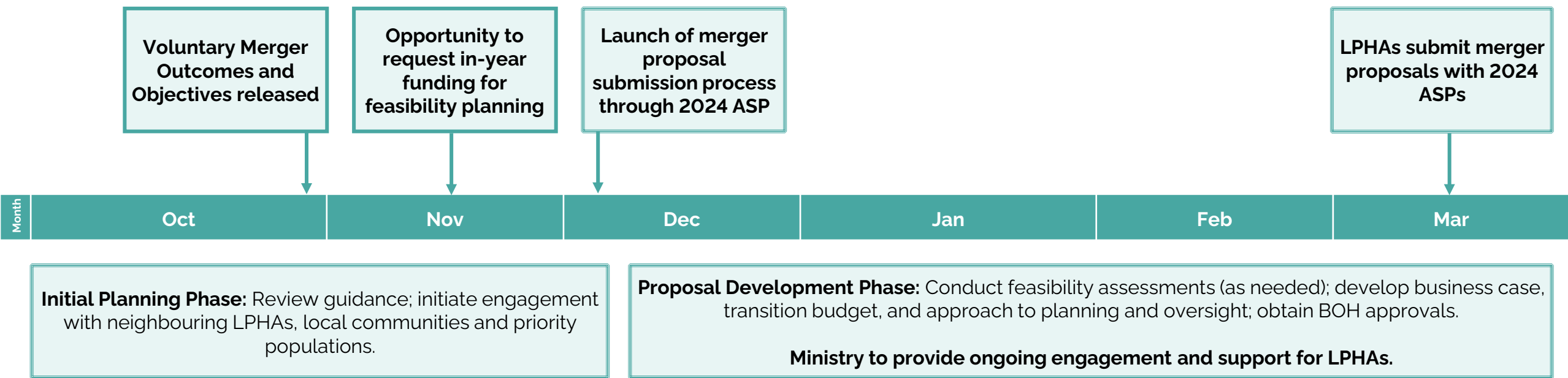
- Temporary dedicated FTEs to support transition and assist with change management
- Consulting services
- Wage harmonization
- Severance costs
- Communication and community engagement costs
- Legal costs
- Information and Information Technology supports
- Capital infrastructure supports
- Moving and relocation costs

Additional funding will also be considered for those LPHAs that are approved for mergers to support business continuity and to ensure program and service delivery stability while change is underway.

LPHAs will also have an opportunity through a 2023-24 in-year process to request one-time funding to support feasibility assessments and initial planning processes, where such costs cannot be managed from within operating funding.

Key Milestones

Additional information on the merger proposal submission process (including merger proposal business case template and eligible expenses) will be shared with the 2024 Annual Service Plan and Budget Submission template in early December 2023 with merger proposal business cases due in March 2024.





Next Steps

LPHAs, together with their BOHs, are encouraged to pursue the following next steps in considering voluntary mergers:

- ▶ Review the information provided and participate in ministry outreach about voluntary mergers.
- ▶ Initiate or continue discussions with other LPHAs about mergers where there is potential to advance the outcomes and objectives, considering local/regional and provincial/system-level perspectives.
- ▶ Engage with local communities and priority populations, including Indigenous and Francophone communities, early in the planning process.
- ▶ Share updates with the ministry on the status and progress of consideration of voluntary mergers, including any resolutions issued by Boards of Health.
- ▶ Consider need for one-time funding from the ministry to support merger planning or feasibility assessments, if these costs cannot be managed from within the LPHA's existing funding/budget. Information on an in-year request for one-time funding mechanism to be released in late Fall.

Questions about voluntary mergers can be emailed to StrengtheningPH@ontario.ca.



Sources

Multiple inputs were used to inform the development of the voluntary merger objectives and considerations, including:

Reports

- Public Health Modernization Discussion Paper (2019)
- Minister's Expert Panel on Public Health (2017)
- Final Report of the Funding Review Working Group (2013)
- Building Capacity – Ministry Discussion Paper (2009)
- Final Report of the Capacity Review Committee (2006)
- Walker Reports - For the Public's Health: Interim and Final Report of the Ontario Expert Panel on SARS and Infectious Disease Control (2003-04)

Other Sources

- Engagement with sector stakeholders, including the Public Health Leadership Table and the Voluntary Merger Key Informant Group, with representation from Boards of Health, LPHA Leadership (Medical Officers of Health and CEOs), Municipalities, the Association of Local Public Health Agencies, and the Association of Municipalities of Ontario.
- Syntheses of research evidence on public health performance and capacity.
- Documentation from previous LPHA mergers, including Southwestern, Huron-Perth and Simcoe-Muskoka.
- Stakeholder submissions in response to the Public Health Modernization Discussion Document (2019-2020).

Board of Health for Public Health Sudbury & Districts, November 16, 2023

Motion moved by Signoretti – Noland

69-23 PUBLIC HEALTH STRENGTHENING

THAT the Board of Health for Public Health Sudbury & Districts, having reviewed the Ministry of Health Outcomes and Objectives to Support Voluntary Mergers, October 30, 2023, and considered related discussions, direct the Medical Officer of Health to engage with Algoma Public Health to seek provincial funding to study the feasibility of a voluntary merger of our two local public health agencies; and

THAT additional Board direction be sought should further consultation result in a recommendation to explore voluntary mergers with other regional local public health agencies; and

THAT the Medical Officer of Health ensure timely reporting back to the Board on this matter.

CARRIED

November 15, 2023

Finance and Audit Committee Chair Report

In September 2023 the committee was advised about a forecasted shortfall for the 2024 Budget should the status quo continue in expenses and based on anticipated revenues. We met again in October and staff were directed to work towards a balanced budget and come back to our Nov. 15th meeting. The Algoma Public Health team worked and presented to us a balanced budget for 2024, with the intent of minimizing organizational disruption and maximizing efficiencies to ensure APH continues to deliver impactful and high quality public health services to Algoma communities. I want to thank the team for all their hard work. Also, we were presented the unaudited Financial Statement for Sept. 2023. There is still some income to come forth in the next month or two and we hope to finish with a balance budget for 2023.

Submitted by

Luc Morrissette

Finance and Audit Committee Chair