REGIONAL MUNICIPALITY OF OTTAWA-CARLETON REPORT
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON RAPPORT

Our File/N/Réf. 03-07-96-0127
Your File/V/Réf.

DATE 8 October 1996

TO/DEST. Community Services Committee Co-ordinator

FROM/EXP. Councillors Peter Hume and Alex Munter

SUBJECT/OBJET **MERGER OF THE DISTRICT HEALTH COUNCIL WITH THE REGIONAL HEALTH DEPARTMENT**

REPORT RECOMMENDATION

That Regional Council express its support in principle for the merger of the District Health Council with the regional Health Department and forward the pilot project proposal -- *How to Cut Duplication, Reduce Costs and Improve Health Planning* -- to the Minister of Health and all Ottawa-Carleton MPP's.

BACKGROUND

The attached report outlines a pilot project to merge the health planning and co-ordination function with the other community services Regional Council currently delivers. Not only would such a consolidation reduce costs, it would also lead to better-integrated services for the public and an easier transition as the health care system undergoes changes.

Approved by
Councillor Peter Hume

Approved by
Councillor Alex Munter

HOW TO CUT DUPLICATION, REDUCE COSTS AND IMPROVE HEALTH PLANNING

A pilot project proposal for the merger of Ottawa-Carleton's District Health Council with the regional Health Department

Councillors Peter Hume and Alex Munter

Oct. 4, 1996

RECOMMENDATION

Health Minister Jim Wilson has announced he is re-evaluating the existence, mandate and jurisdiction of Ontario's District Health Councils. He has asked for input on how to improve health planning and co-ordination. This report recommends a merger of Ottawa-Carleton Regional District Health Council with the Ottawa-Carleton Health Department, as a pilot project.

This pilot project would allow Queen's Park to monitor the effectiveness of regional governments or boards of health to carry out this function. This proposal is premised on the belief that a body accountable to the whole community would better represent the interests of the whole community. The District Health Council is a coalition of interests and its decisions often represent a brokering of interests, rather than being decisions made in the broader public interest.

This project would include:

- Immediate savings to the provincial government, which funds the DHC, as the Region would assume many of the administrative costs of the DHC. Further savings, since the cost of special projects would be significantly reduced, would amount to millions of dollars.
- No change to geographic jurisdiction or impact on other DHCs.
- Continued involvement of community volunteers and DHC community committees, reporting as advisory bodies to the Community Services Committee of Regional Council, which would carry out the DHC function.
- Current employees of the DHC to become employees of Ottawa-Carleton regional government. Those whose duties would no longer be required as part of the health planning function would be re-assigned to other duties within regional government.
- This model could also include a regional health authority -- under which the Ministry of Health would transfer a block grant to the local authority (Regional Council), which would be responsible for allocating resources to hospitals, community health agencies and other services. Ottawa-Carleton has 10 hospital boards and 75 community health agencies, each with independent boards, each with their own budgets and priorities. A single set of decision-makers would ensure a continuum of care.

WHY A PILOT PROJECT?

There is little rationale for having similar DHCs in 33 places in Ontario. The idea of different (if any) structures depending on local conditions and needs is broadly-supported and can lead to considerable savings. Starting this approach with a pilot project could break the pattern of having the same structures everywhere (which is how we got to 33 DHCs in Ontario).

A pilot project approach allows the suggestion and testing of innovative measures to determine their viability. For example, a pilot project could test the idea of linking planning with resource allocation within the provincial policy framework. This would entail decentralizing some authority for allocation to institutions of the overall budget for the region. The provincial policy framework would still guide this allocation but the details (and controversy) of individual allocations would remain local. Another idea which could be tested is that of integration of health planning and social services planning. This has been done in some provinces with success.

In August 1996, Minister Wilson also said he was considering abolishing independent hospital boards in favour of regional authorities. The model of elected health authorities is in place in numerous other jurisdictions, including Alberta, Saskatchewan and British Columbia. In Victoria, for example, the capital district's regional government -- responsible for a wide range of municipal services region-wide -- also sits as a health authority.

Locally, various models of health authorities have been discussed. For example, Dr. Wilbert Keon has recommended that all health services be co-ordinated under one body. A May public opinion poll showed that 73 per cent of Ottawa-Carleton residents believe a common administration for all hospitals would be a good, very good or excellent idea. Public consultation during the District Health Council's reconfiguration process produced extensive requests for region-wide co-ordination in areas as diverse as child and family health, palliative care, hospital support services, home care, rehabilitation, discharge planning and emergency services.

The District Health Council receives all of its funding from the Ministry of Health -- in 1995-96 the operating budget amounted to approximately $770,000 plus extra funds for special projects, most notably the $2-million-plus pricetag of the health services reconfiguration project. Nearly one-third of the operating budget -- about $235,000 -- is administrative in nature (office rent, telephone, insurance, administrative support); much of this could be accommodated within the regional municipality's existing budget. Since it is estimated that close to two person-years of regional Health Dept. personnel are already dedicated to DHC activities and given the similarity of numerous DHC and Health Dept. roles it is estimated that further savings could be achieved through this merger. Over the long-term, special projects would be more affordable for the provincial government to fund as the entire RMOC infrastructure would be there to support such efforts, as opposed to the much, much smaller resources of the DHC.

WHY REGIONAL GOVERNMENT?

Like many regional governments, Ottawa-Carleton's already has responsibility for public health, social services and is part of the delivery of long-term care (through municipal homes for the aged). It has strong departments of public health, homes for the aged and social services, with a solid structure and professional resources.

Regional municipalities have a complete infrastructure, including resources and expertise in planning, communications and public participation. Regional municipalities, by virtue of the composition of their Council and of the expertise of their staff complement, have evolved in their planning and administrative approaches.

If ideas such as resource allocation are to be tested, the test must occur in a strongly accountable structure. Regional councillors are elected and therefore accountable and representative. A special memorandum of understanding could be developed for the pilot project, to ensure compliance with the provincial policy framework.

Regional municipalities are more widely-known than DHCs and have a meaningful approach to public input and participation. The regional municipality would be more successful in applying its resources and approaches to health care planning in today's environment. Regional municipalities are also more likely than DHCs to integrate the planning of health care into overall considerations such as regional economic development, links with social services or health promotion.

The now-defunct Association of District Health Councils of Ontario has stated that the critical dimensions of a planning system for health were authority, responsibility, function, accountability and structure. It is clear from the current experience that these dimensions are much more prevalent in the regional municipalities than in the DHCs.

Michael Decter, in his projections for the health care system of the year 2000, refers to regionally-based health systems with integration of health and social services at the district level, with broad policy frameworks based on population health established by ministries of health that are responsible for funding the system, and funding flowing on a per-capita basis adjusted for local health needs. Such a vision calls for the presence of strong local structures that correspond much more to the reality of regional municipalities than to that of DHCs. The regional government of the 12 municipalities of greater Victoria, B.C. also sits as the Regional Hospital Board. In Alberta, regional health authorities are responsible for all health services delivered in communities, from hospitals to home care to nursing homes.

WHY OTTAWA-CARLETON?

The population of Ottawa-Carleton is active in demanding to be involved in decisions that affect it. It is capable of acting on issues and wants to be informed; it would be a good place to test the effectiveness of such a structure. The boundaries of the Ottawa-Carleton DHC and those of the Regional Municipality are almost identical. A pilot project in this region would therefore not bog down in confusion over different planning areas.

The Ottawa-Carleton DHC was the first one established in the province. It has a long history among other DHCs. Its selection as the pilot project site would therefore be viewed as reasonable by other DHCs and the decision to run a pilot project would not be viewed as threatening to other DHCs because it would occur in Ottawa-Carleton.