Ministry of Health and Long-Term Care

NEW Directions

July 25, 2008

Public Health continues to build on its stewardship role

Public Health Division (PHD) is reorganizing its SMG structure to further strengthen its capabilities and to align with the ministry's stewardship role, Deputy Minister Ron Sapsford announced today.

"The division began its evolution in 2003 in response to the SARS crisis as part of a larger plan to strengthen all aspects of the public health system. Since then, the division has made much progress in reforming and managing emerging threats to public health," Sapsford said. "Today's announcement is the next major milestone in this transformation."

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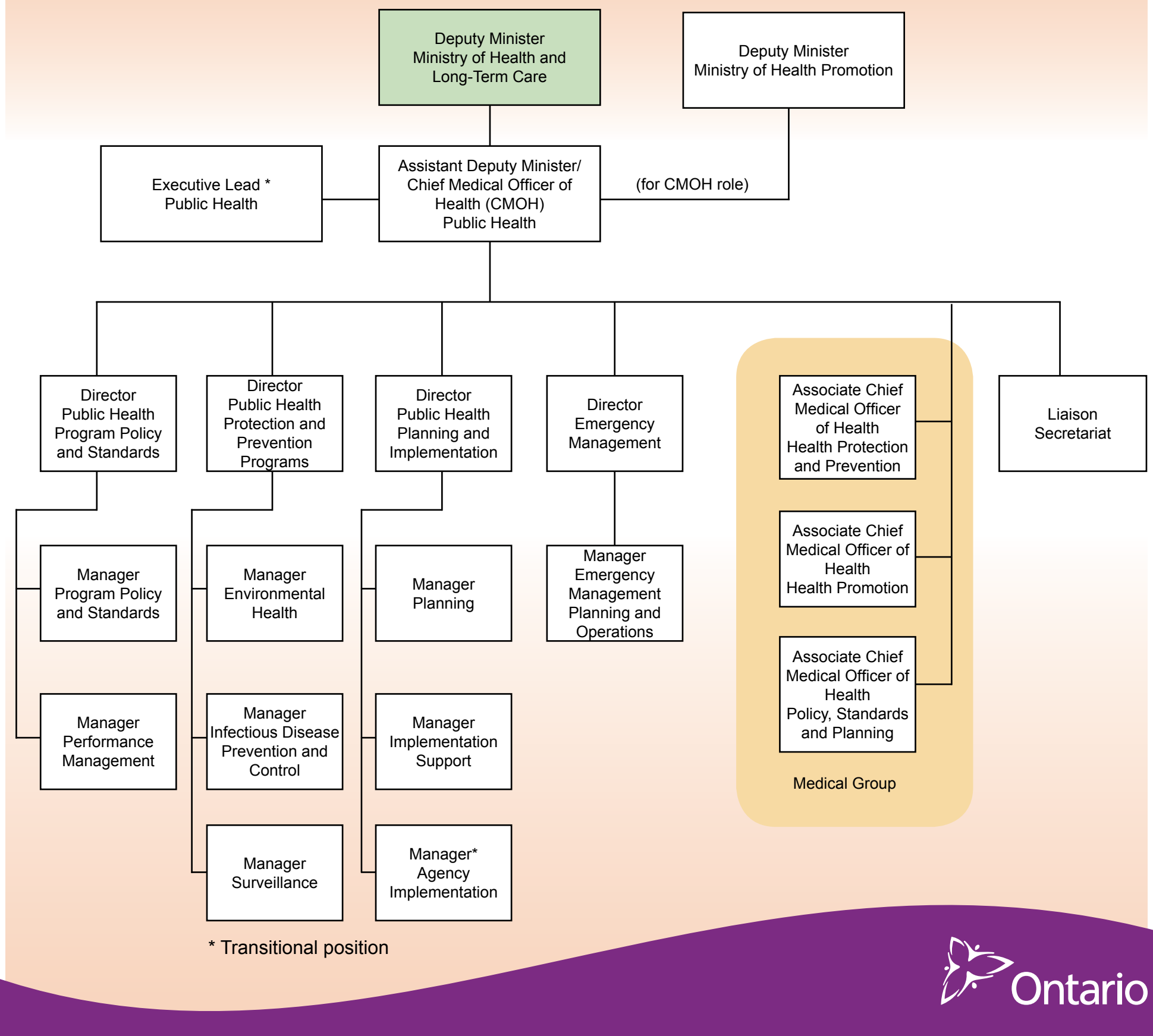
Public Health Division Organizational Chart

By April 30, 2009



* Transitional position

Ontario

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Existing Public Health Division (PHD) branches will continue to function while the new transitional structure is further developed and readied for full implementation by April 30, 2009. An on-going assessment both within and outside the ministry will continue throughout this period and beyond to further refine the division's role and the functions of its branches and units.

Details of the transitional structure include:

- Distinct core programs and stewardship functions organized into four branches:
  - o Public Health Program Policy and Standards Branch will guide policy development to support public health system standards and performance management frameworks.
  - o The new Public Health Protection and Prevention Programs Branch will be responsible for the continuous assessment and management of public health risks through surveillance and interpretation of public health data. The branch will consist of three units: Environmental Health, Infectious Disease Control and Surveillance.
  - o The new Public Health Planning and Implementation Branch will inform program and divisional priorities through the development of policy and plans.
  - o The Emergency Management Branch (currently known as EMU) will continue in its program-based structure with a focus on responding to urgent and/or emergency situations, supporting emergency management and business continuity measures both within the ministry and in the broader health system.
- Three associate chief medical officers of health (ACMOH) will continue to report directly to the assistant deputy minister/chief medical officer of health. They will work collaboratively with the PHD branches, the Ministry of Health Promotion and other ministries to provide scientific and medical expertise, advise stakeholders and support the assessment and management of public health risks. They will continue to focus on the areas of health protection and prevention; public health system policy, standards and planning; and health promotion.
- A Liaison Secretariat will be established as a key point of contact for Ontario's 36 public health units, the Ontario Agency for Health Protection and Promotion, federal/provincial and territorial counterparts and other external stakeholders.
- Current functions within PHD related to information management, strategic policy, financial controllership and payment processing, and operational support, will be reviewed against the functional mandates of other divisions.

See the division's organizational chart on page 1 and mandates on page 3 for details.

PHD's new SMG structure aligns with the ministry's stewardship mandate, with branches designed according to functions. This will allow them to meet the division and chief medical officer of health's mandate to support people and communities by employing population health prevention, detection and intervention measures to safeguard the health of all Ontarians.

The division continues its stewardship role in leading public health reform and managing emerging health risks in conjunction with its partners, including local public health units, the recently formed Ontario Agency for Health Protection and Promotion as well as local, provincial, federal and international counterparts.

Dr. David Williams, Acting Chief Medical Officer of Health, explained that these relationships are critical and have to be considered throughout the transition. "Changes must ensure there is continued stability to effectively respond to any emergencies and threats to the health of Ontarians," he said.

An initial review was conducted to identify the key functions of the division, to anticipate the implications of the Ontario Agency for Health Protection and Promotion and to consider the challenges, benefits and risks involved with moving the division to a functional model.

"A phased approach is being taken to the introduction of a functional model to Public Health due to factors such as the implementation of the new Agency for Health Protection and Promotion, the status of other key public health renewal initiatives and readiness to implement changes in other divisions," said Allison Stuart, Acting Assistant Deputy Minister of Public Health

"We continue to foster and build good working relationships with the agency. Having compatible titles and positions enables this collaboration," said Stuart.

The SMG staffing strategy and position mapping were conducted based on the same principles which have been applied throughout the ministry's stewardship transition. Detailed design of the new branches and the associated staffing requirements will be developed by the management group in the fall.

It is anticipated that further changes at the staff level will be announced early in 2009.

"Public Health has evolved significantly over the past five years," Stuart said. "Moving to a functional organization structure is the natural next step in further strengthening PHD's role as steward in safeguarding the health of Ontarians. It will reinforce the ministry's leadership role in guiding and supporting the province's health system." ■

NEW Directions

NEW Directions, published for employees of the Ministry of Health and Long-Term Care by the Communications and Information Branch, can be read on-line at INFOweb at ***http://intra.moh.gov.on.ca***.

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Do you have questions about the organizational change?
- Ask your manager
- E-mail your questions or comments to the feedback account at *anewdirection.moh@ontario.ca*

Public Health Mandates

By April 30, 2009

Assistant Deputy Minister/ Chief Medical Officer of Health Public Health

Provides strategic and administrative leadership that advances the vision and mandate of the division through priority setting; continuous assessment of immediate and longer term public health risks through program and policy development; and negotiation with internal and external stakeholders at the local, provincial, national and international levels on public health agenda.

Public Health Program Policy and Standards

MANDATE

Develops public health policy to support public health system standards. Develops, implements and monitors public health performance management framework. Reports on system performance and accountability.

UNIT

- Program Policy and Standards
- Performance Management

Public Health Protection and Prevention Programs

MANDATE

Continuous assessment and management of public health risks through surveillance and interpretation of public health data. Influences stakeholder relations through the provision of program advice to external stakeholders.

UNIT

- Environmental Health
- Infectious Diseases Prevention and Control
- Surveillance

Public Health Planning and Implementation

MANDATE

Informs program and divisional priorities through environmental scans for best practices. Develops policy and plans that support the implementation of divisional and program priorities.

UNIT

- Planning
- Implementation Support

Emergency Management

MANDATE

Responds to urgent and/or emergency situations. Develops ministry emergency readiness plans. Implements strategies to ensure continuity of essential ministry services during an emergency. Informs health sector emergency planning and directs, as necessary, health sector emergency response.

UNIT

- Emergency Management Planning and Operations

Medical Group

ROLE

Works closely with public health branches to provide scientific and physician expertise to advance policy and program development. Provides scientific advice to stakeholders as required, and supports assessment and management of public health risks.

COMPOSITION

- Three Associate Chief Medical Officers of Heatlh (Health Promotion; Health Protection and Prevention; and Policy, Standards, and Planning)

Liaison Secretariat

ROLE

The primary ministry interface with the Ontario Agency for Health Protection and Promotion, federal/ provincial/territorial and other external stakeholders; single point of access for Public Health Units.

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