

ITEM	11
MANAGER'S REPORT NO.	45
COUNCIL MEETING	93/07/26

SUBJECT: HEALTH REGIONALIZATION: CURRENT STATUS AND PROPOSED DIRECTIONS FOR BURNABY

PURPOSE: To inform Council of the status of the Health Regionalization process in Burnaby and to recommend that the City enter into an agreement with the Province to retain a Health Regionalization Coordinator for the process.

RECOMMENDATION:

1. **THAT** Council authorize staff to execute an agreement with the Province of British Columbia to enable the City to retain a Coordinator of Health Regionalization, with funds provided by the Province, as outlined in Section 4 of this report.

R E P O R T

1.0 BACKGROUND

In 1993 February, the Province released a report entitled, New Directions for a Healthier British Columbia. The report presented a strategy for restructuring B.C.'s health service delivery system. The strategy, known as the Health Regionalization initiative, involves transferring responsibility for key health services decisions from the Province to local health governance structures.

This report provides an overview of the "New Directions" proposals, summarizes the status of Health Regionalization in Burnaby, and identifies a proposed approach for coordinating future work on Health Regionalization in the city.

2.0 NEW DIRECTIONS FOR A HEALTHY BRITISH COLUMBIA

As indicated, the New Directions for a Healthier British Columbia document presents proposals for restructuring B.C.'s health system. The proposals address several recommendations put forward in the Royal Commission on Health Care and Costs' 1991 report, Closer to Home.

The New Directions document proposes five new directions for health in B.C.:

- a) **Better Health** - Attention must be paid to the full range of factors that affect people's health, including personal income, housing, education, and the environment. Attention must also be paid to strengthening health promotion and prevention activities, analyzing the health impacts of public programs, and increasing the sense of ownership individuals and organizations assume for health.
- b) **Greater Public Participation and Responsibility** - The Ministry of Health believes that greater public involvement will ensure that health needs and services are more closely matched.
- c) **Bringing Health Closer to Home** - In accordance with the Royal Commission on Health Care and Costs, the Ministry of Health claims that most British Columbians prefer service at or close to home over care elsewhere.
- d) **Respecting the Care Provider** - The Ministry believes that, in order for the new health system to succeed, health care employees and volunteers must be actively involved in the system's planning and implementation.
- e) **Effective Management of the New Health System** - The Ministry's goal is to achieve the highest possible return on every dollar spent, in terms of health outcomes.¹

B.C. is divided into 21 health regions. Most health regions are relatively large geographic areas, consisting of several local jurisdictions. The exceptions are Burnaby, Vancouver, and Richmond, which are distinct health regions. The Ministry of Health proposes that Regional Health Boards (RHBs) and Community Health Councils (CHCs) be established in each region to plan, manage, and coordinate health services. The proposal is that one third of the CHCs be composed of individuals elected by the public, one third appointed by the Minister of Health, and one third appointed from other elected bodies (e.g. school boards and municipal councils). The RHBs are to consist of representatives from CHCs and individuals appointed by the Minister. They are expected to replace and assume the roles of existing health bodies such as Regional Hospital Districts and Union Boards of Health.

The Ministry of Health stresses that each region should be responsible for setting its own health priorities and determining an administrative structure that best satisfies community needs. With this in mind, municipalities such as Burnaby, which are autonomous health regions, have the option of combining the functions of the CHC and RHB into one body.

While the Province is proposing a decentralization of B.C.'s health services, it still envisions an active role for the Ministry of Health in the system. The Ministry is expected to maintain responsibility for such matters as setting health policies and standards, allocating funding to Regional Health Boards, coordinating programs which are provincial in scope (e.g. B.C. Centre for Disease Control), and providing funds and direction for specialized (tertiary) health services.

1. Province of British Columbia. New Directions for a Healthy British Columbia. Victoria. 1993. pp.12-20.

The Province recently introduced Bill 45, Health Authorities Act, which is the enabling legislation for the decentralized health model. The Bill creates the framework for the transition phase, during which time the new health system can be put into place. The Bill has received second reading in the Provincial Legislature.

A copy of Bill 45 has been distributed to members of Council under separate cover.

3.0 HEALTH REGIONALIZATION IN BURNABY

To support communities in implementing the new health model, the Ministry of Health established six Executive Directors of Health Regionalization positions. The Executive Director for Burnaby is also responsible for the North Shore and Richmond health regions.

One of the "new directions" for health is to encourage greater participation and responsibility among the public in the health system. In keeping with this direction, rather than determining a planning model to be applied throughout B.C., the Ministry of Health is encouraging each community to determine its own model.

To assist with determining a planning model for Burnaby, Burnaby's Executive Director of Health Regionalization held two large consultation meetings in 1993 May. The meetings were attended by over a hundred people, including City Councillors, School Board representatives, Provincial and City staff, health and human service providers, community group representatives, and others. The purpose of the meetings was twofold: i) to increase awareness of the Health Regionalization initiative and ii) to determine the role and structure of a Steering Committee for implementation of the initiative in Burnaby.

Meeting participants agreed that the Health Regionalization Steering Committee should be broad based, yet small enough to function efficiently. They decided that eighteen groups should be represented on the Steering Committee, as identified in Appendix 1, attached. They proposed that the City be assigned two positions: one from City Council and one from the Health Department. The positions are being filled by the Mayor and Medical Health Officer.

At the time of this writing, the Steering Committee has met twice. It has developed draft terms of reference and has begun the process of nominating a chair and vice chairperson. The Steering Committee has chosen to use a consensus model for reaching decisions. While taking longer than a simple majority vote method, this approach is expected to yield higher quality decisions and build greater cohesion among committee members.

The Steering Committee will likely function until 1996, when the new regional health system is expected to be in place.

4.0 PROPOSED APPROACH FOR COORDINATION

As noted, the Health Regionalization Coordinator for Burnaby is also responsible for the North Shore and Richmond. She thus has limited time to devote to the city's Health Regionalization efforts. To ensure that adequate staff support is provided, she has agreed to make Provincial funds available to enable the City to retain a Health Regionalization Coordinator on the Province's behalf.

At the Executive Director's request, staff developed a proposal regarding the City's retention of a Coordinator. The City Manager, Director Administrative & Community Services, Medical Health Officer, and Senior Social Planner collaborated in developing the proposal. In presenting it to the Ministry of Health, staff stressed that Council agreement would be necessary before the City could act on the proposal.

The Executive Director of Health Regionalization agreed to the proposal in principle. She instructed the Provincial solicitors to prepare a draft agreement, based on the proposal, which identified conditions, expectations, and other details of the proposed arrangement.

The City staff who prepared the proposal, along with the Solicitor, Director Finance, and other staff, reviewed the draft agreement. They requested several amendments, which have been incorporated in a revised draft agreement from the Province.

Copies of the revised draft agreement have been distributed to members of Council under separate cover. The pertinent points are as follows:

- The City will hire a Health Regionalization Coordinator on the Province's behalf, with 100% of the funding being provided by the Ministry of Health.
- The Coordinator will be a Temporary Full Time employee working in the Planning & Building Department and reporting to the Senior Social Planner. The position will be terminated once the agreement with the Province comes to an end.
- The initial term of the agreement will be from 1993 September 1 to 1994 March 31; subject to the consent of both parties, the agreement may be renewed annually, terminating in 1996.
- The Coordinator's responsibilities will include serving as a staff resource to the Health Regionalization Steering Committee, acting as liaison between the Executive Director and the Burnaby community, facilitating community consultation meetings, and coordinating preparation of publicity materials.

It is considered appropriate for the City to enter into the agreement for the following reasons:

- The Health Regionalization initiative will have major implications for Burnaby. While the City should not subsidize the Health Regionalization process, it has a legitimate role to play in facilitating the process and ensuring that successful outcomes are achieved.

- The City is generally more aware of and sensitive to local concerns than the Province. Also, being the level of government closest to the people, the City tends to be perceived as the most trusted and accountable level. The City is therefore in the best position to administer the Coordinator position.
- The City has the administrative structure in place to supervise the Health Regionalization Coordinator. Staff and Council members will undoubtedly be heavily involved with the Health Regionalization process; supervising the Coordinator would only marginally increase the City's time commitment to the process.

Further, the Steering Committee and the Executive Director believe that the Health Regionalization Coordinator logically fits within Social Planning for the following reasons:

- The role and required skills of the Coordinator will be similar to those of a social planner (i.e. facilitation and support of the Steering Committee, community consultation, research, human service planning).
- A key function of the Coordinator will be to coordinate the interests of diverse agencies represented on the Steering Committee. Social Planning is seen by the Steering Committee as being able to perform this function in an objective and unbiased manner essential to reaching decisions using a consensus model.
- Social Planning staff have developed strong networks with government agencies, non-profit agencies, and community groups; these networks should prove valuable to the Coordinator in his/her duties.
- In accordance with the "new directions" philosophy, Burnaby's Health Regionalization process will regard health in a broad context. Rather than focusing strictly on treatment needs, the process will consider a range of health determinants, such as employment, income, and housing. These determinants are within the interests of Social Planning.

Given the foregoing, it is recommended that Council authorize staff to execute the subject agreement with the Province and proceed with selection of a Health Regionalization Coordinator.

5.0 CONCLUSION

This report has provided information on the Provincial Health Regionalization initiative, the status of the initiative in Burnaby, and a proposed approach for coordinating future planning and implementation efforts.

The Health Regionalization initiative will be a major undertaking, both in Burnaby and throughout B.C.. The challenges of developing a common vision for a decentralized health system for Burnaby will be great - especially given the diverse interests, views, and "stakes" that health professionals and the public have in the system. If the challenges can be addressed, however, the potential benefits could be significant.

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To help ensure that successful outcomes will be achieved, it is recommended that Council authorize the City to enter into an agreement with the Province to retain a Coordinator of Health Regionalization. With Council's endorsement, staff will forward the signed agreement to the Province and advertise for the Coordinator. Given the Coordinator's role in supporting the Health Regionalization Steering Committee, the Steering Committee will be consulted during the selection process.

Status reports will be provided to Council as work proceeds on the Health Regionalization process.

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Appendix

- cc: Directors
- Medical Health Officer
- City Solicitor
- Human Resources Director
- President, CUPE Local 23

**MEMBERSHIP ON BURNABY HEALTH
REGIONALIZATION STEERING COMMITTEE
(1993 July)**

ALCOHOL AND DRUG PROGRAMS	Geoff Cadogan (interim)
BURNABY CITY COUNCIL	Mayor Copeland
BURNABY HEALTH DEPARTMENT	Dr. Arlene King
BURNABY SCHOOL DISTRICT	Candace Solar
CHILD AND YOUTH PLANNING COMMITTEE	Kathryn Hill
CONSUMER REPRESENTATIVE	To be determined
DISABILITY GROUPS	To be determined
HEALTHY COMMUNITY INITIATIVE	Cliff White
HOME SUPPORT	Shari Craig
HOSPITAL/EXTENDED CARE	Norm Barth
INTER-AGENCY COUNCIL	To be determined
LABOUR	Ernie Gorrie (interim)
LONG TERM/EXTENDED CARE	Denny Beaudin
MENTAL HEALTH	Carol Haldin
MULTICULTURAL/ABORIGINAL	Susan French
PHYSICIANS	Dr. Bill Pratt
SENIORS	Madge Jurjevich
YOUTH	Shahnee Zaver

